THE

WESTERN JOURNAL

OF

MEDICINE AND SURGERY.

SEPTEMBER, 1845.

ART. I.—*Lectures on Diseases of the Chest.* By J. R. BUCK, M.D., Lecturer on the Theory and Practice of Medicine in the Louisville Summer School of Medicine.

LECTURE FOURTH.

PHTHISIS.—*(Concluded.)*

But when the disease is very extensive, issues are greatly preferable to any other mode of counter-irritation. They are less painful, do not heal up so readily, and discharge more freely. For establishing issues the Vienna paste is preferable to any other mode. It is made of equal parts of caustic potash, and quick-lime, rubbed up together. Placing a piece of adhesive plaster just beneath the clavicle, with a hole in it the size of a ten-cent piece, and covering the hole with the preparation mixed up into the consistence of paste with alcohol, the desired effect will be produced in from five to ten

minutes; it must then be poulticed for ten or fifteen days until the eschar is removed; if it should manifest any tendency to heal up, two or three pieces of orris root kept in the issues by adhesive straps will be sufficient to keep up the discharge any length of time desirable. In this way all traces of inflammation are removed. The cough, however, may continue unabated, or may even be increased from the irritability of the part: it is just in this condition that cough mixtures are beneficial. They should never be given while there exists inflammation, as they serve by their anodyne property to lull the patient into a fatal feeling of security, while the disease is stealthily but steadily progressing.

The following is the prescription that I generally use for allaying the cough:

℞ Morphiæ acetatis, gr.i.
Acaciæ mucilaginis, ℥vi.
Syrup. limonis, ℥ss.
Acid. hydrocyanic. medicinalis, gtt.x.
Mist.

Of this a table-spoonful three times a day, or when the cough is troublesome, should be given.

The next indication in this stage is the removal of tubercular matter from the lungs.

Can this be done? That tubercular matter is often removed from the lungs by expectoration and its place supplied by an earthy concretion, or by a semi-organized cartilaginous mass, is familiar to all pathologists. But whether it can be removed previous to softening by absorption, is a question, the affirmative of which is advocated by very few. There is certainly nothing in the composition of this matter which would seem to render it insusceptible to the action of the absorbent vessels; it differs but little from many articles of food, and is found occasionally in the blood, also in the lymphatic vessels; the thoracic duct has in some few instances been found distended with it. Cases are sometimes met with presenting all the symptoms and physical signs of tubercular

matter in the lungs; these all disappear under treatment and never return; the presumption is that the matter has been absorbed; still, this fact is not conclusive, for it has already been mentioned that patients were often apparently restored to health, simply by the removal of the local inflammation or congestion produced by the tubercular matter, without at all disturbing the matter itself: but in such cases the disease will certainly return in the course of a year or two. Post-mortem examinations have thrown but little light upon this subject, from the little attention hitherto paid to physical diagnosis, by which alone the disease can be distinguished in the earlier stages of the deposit. In these cases, when the matter has been absorbed, either the lungs are not examined at all—the termination being obviously the consequence of some other disease—or the physician not being aware that they had ever been tuberculous, infers nothing from the absence of this matter.

Scrofulous tumors are often reduced or entirely removed by absorption previous to softening, and although I do not acknowledge the identity of this matter with tubercle, still so strong is the resemblance, that by many they are regarded as identical. Of the remedies supposed to possess the property of removing this deposit, the preparations of iodine have most celebrity. A combination of iodine with hydriodate of potash in solution, is a very popular remedy. It is objectionable from being exceedingly nauseous, and often disagreeing with the stomach after the first day or two. The iodide of iron which for a time was so popular in this stage of phthisis, but which from some cause has lost much of its popularity, I still regard as a most valuable remedy, and as greatly facilitating the removal of tuberculous matter from the lungs. In addition to the tonic properties of this preparation indicated by the constitutional disease, the iodine acts specifically upon the absorbent vessels.

Mrs. T., æt. 32 years, had tubercles at the summit of the right lung, attended with a short, dry cough; in her family a strong predisposition to the disease existed: a brother was un-

der treatment at the same time in the last stage of the disease. After congestion had been removed by local bleeding and efficient counter-irritation established, she was put upon syrup of the iodide of iron, a drachm to the ounce of syrup, dose a tea-spoonful three times a day. This is preferable to the aqueous solution, being more pleasant to the taste—less apt to disagree with the stomach, and beneficial to the slight irritation about the fauces and larynx so frequently present. Upon this treatment she gradually recovered, and at this time (nearly three years since she was discharged cured) there is no evidence of a return of the disease. I might refer to other cases identical in character. It should never be given when irritability or inflammation of the stomach exists, or when there is excitement in the system from any cause; this is doubtless the principal, if not the only cause of the unsatisfactory results which have attended its use; all excitement must be permanently reduced before it can be taken without injury.

Cod fish liver oil has, within the last few years, been highly recommended. In the only case in which I have seen it used, it produced such irritablity of the stomach after the second dose as to prevent its being continued. A highly respectable gentleman, one of the physicians to the Cincinnati hospital, informed me that he had given it a fair trial in a large number of cases, and that in no instance was any appreciable benefit perceived.

Naphtha.—This remedy was first brought to the notice of the profession by a Dr. Hastings. I shall give his own words: "The reasons which induced me to deviate from that line of medical treatment, which has so universally, and for so long a period, been in vogue, for that which I now submit to the profession, was the fatal termination of cases, whatever was the treatment adopted during an experience of upwards of twenty years. I was led to the conclusion from a careful survey of the chemical analysis of the tubercle, made by Rhenard, that it was defective, inasmuch as the composition of the animal matter which amounted to 98 parts in a

hundred had not been investigated. From the greasy nature of tubercle, in its crude state, there did not exist the slightest doubt in my mind that carbon entered largely into its formation, and that its composition had a striking resemblance to fatty matter.

"In consequence of the loss of fat so remarkable in the earlier stages of consumption, I determined to employ those compound agents rich in carbon and hydrogen, which had not been previously used in medicine, not with the idea that they would make up the deficiency which the system had sustained in the progress of the disease, but that such a change would by that means be introduced into the constitution, as would act on the forces of the organism, at the point of departure from health, whether that took place in the stomach, blood, or elsewhere; that change tending to such an affinity in the elements within, that the carbon, oxygen, hydrogen, and nitrogen, instead of assisting in the formation of products which threaten, would tend to develop those materials only which are required for the perpetuation of health, and the prolongation of existence.

"I administered naphtha (pyro-acetic spirit) three times a day in doses of fifteen drops for an adult, mixed with a tablespoonful of water, which is proportionably decreased according as the patient approaches youth. After the second or third day I increase the dose by about one-fourth, regulating its increase or decrease according to the absence or presence of nausea, sickness or any other untoward symptoms arising out of its use. As the disease advances increase the dose to forty and even fifty drops, and administer it four times a day instead of three times."

Chloride of sodium, or common salt, introduced into the treatment of phthisis by Dr. Latour, was tested by M. Louis in the Hotel Dieu for five months, and not in one single case did he perceive any advantage to result from its use. We conclude, therefore, that the three last named medicines are totally unworthy the reputation that they have enjoyed, and

that it is extremely doubtful whether in any case of phthisis they are productive of benefit.

Mercury, although exerting a powerful influence upon the absorbent vessels, seems to increase the deposit of matter both in this disease and in scrofula: it is therefore rarely given. Whatever may be our treatment for the removal of tubercular matter from the lungs, we must not lose sight of the constitutional disease. The same treatment applicable to the first stage must be combined with it. The iodide of iron meets both indications.

Third stage.—Circumscribed pneumonitis, pleuritis, and bronchitis are constantly occurring in this stage. These must be treated by local bleeding, emetics, and counter-irritation. The only benefit ever derived from emetics in this disease is the relief of the secondary pneumonitis and bronchitis so frequently present. If by these means we can succeed in removing the inflammation, the disease will be arrested. One of the most troublesome symptoms connected with this stage is diarrhœa: if this be so profuse as to threaten the life of the individual, a combination of opium and acetate of lead, one grain of the former with five of the latter, every two or four hours, will most certainly and most speedily check it; but in less severe cases I have used the following prescription with the most satisfactory results:

℞ Sodæ muriatis, } ääʒss.
Magnesiæ sulphatis, }
Acid. acetic. dilut., } ääOss.
Aquæ menthæ, }
Mist.

A table-spoonful three or four times a day will in a large majority of cases arrest the diarrhœa without constipating the bowels. The system in this stage requires to be constantly supported by a generous diet and by tonics. If there be much tightness in the chest with difficulty of expectoration, the vapor of tar should be inhaled: this can be most conveniently done by burning the tar in a tolerably close

room in which the patient is confined. Inhalation of iodine and chlorine has also been used, but it is very questionable whether either of them possesses any virtue at all, nor are they entirely free from danger. I have seen most profuse hæmoptysis produced by iodine inhalations. Various external applications besides those mentioned are frequently used. Alcohol applied over the whole chest has been recently highly extolled, but with what justice I know not.

Change of climate is only beneficial in the very earliest stage of the tubercular deposit. When once the matter has begun to soften, no climate will compensate for the absence of friends and of those comforts to be met with at home alone. St. Augustine, in Florida, or Guines on the south side of the Island of Cuba, are perhaps the two points most favorable for tubercular patients.

Louisville, 1845.

Art. II.—*Remarks on the Causes, Symptoms, and Treatment of Diarrhœa, as it appears at Wetumpka, Ala.* By James C. Harris, M.D.

The towns of East and West Wetumpka, connected by a fine and apparently durable bridge, are situated upon both sides of the Coosa river, at the foot of the falls of the same name, and head of steamboat navigation, in latitude 32° 30′ and longitude west from Washington, 9°. These have been by legislative enactment erected into, and constitute our city, containing upwards of 2,000 inhabitants, several schools, four churches, and the State Prison, together with immense water facilities for the propulsion of all kinds of machinery.

Thus situated, with many internal evidences of her own greatness, in the untiring zeal and enterprise of her citizens, surrounded upon all sides by an intelligent, and upon the west and south a dense and wealthy population, she holds out to the merchant, artizan, and capitalist, for a permanent lo-

cation in their different avocations, a fair prospect of pecuniary reward.

The site of the western town is a level sandy plain, cut and interspersed with an occasional ravine and lagoon, terminating rather abruptly at the river-bank in a high bluff; not so, however, with the eastern; here a greater portion of the town is so completely hemmed in with a range of high hills extending its whole length and rising several hundred feet above the level of the river, that at many points there was scarcely space enough between their base and the water's edge, for a broad street and the erection of the necessary business buildings.

These hills sloping back with gentle acclivities, and terminating in level tops, afford most desirable sites for the erection of private residences, and from one of which to the admirer of the works of nature, the prospect is most enchanting. To the south and south-west as far as the eye can reach, nothing is to be seen but one extended landscape, interspersed with forest, fields, and farm houses, whilst at your feet sweeping in silent and unbroken majesty, roll the gushing waters of the Coosa. The agitation of these waters in their passage over the falls, causes the evolution of a large amount of vapor, which during the day, by the action of the sun's rays, is heated, attenuated, and suspended in the atmosphere; to be precipitated at night-fall in copious showers of dew, giving to the air of our vicinity an unusual, and at times unhealthy degree of dampness.

With these preliminary remarks I will proceed briefly to the enumeration of some of what we consider the most prominent causes, in the production of the disease under consideration; and first the geological situation of our city, it being in a low southern latitude, and surrounded by causes known to be favorable to the generation of malaria; secondly, the dampness of our atmosphere; and thirdly and lastly, diet and exposure. I do not wish, however to be understood as meaning to convey the idea that I consider the combined operation of all these causes necessary to the pro-

duction of every case of diarrhœa as it prevails here; far from it; as we have had many proofs drawn from extensive observations of the reverse, any one of them in excess being sufficient to excite and continue a very troublesome form of the complaint.

Dr. Drake, in one of his traveling editorials,* speaking of the diseases of our section, remarks that a chronic diarrhœa which prevailed here much more than in any other part of the State, had been attributed by some of the medical gentlemen of Wetumpka, to a micaceous impregnation of the water. This opinion although apparently plausible, will, upon a moment's reflection, be discovered to be entirely untenable, from the fact that a large amount of this mica sparkles in the soil of all the adjoining counties, issues in the water of their springs, and is deposited upon standing from the same in great abundance; and yet those who are in its daily employment are comparatively as exempt from all forms of bowel disease, all other things being equal, as any other portion of the population of the State. True, in the Valley of the Alabama, and its larger tributaries, where the micaceous deposit is found perhaps in greater quantities than any where else, the population are more obnoxious to diarrhœa than where it is not so abundant. Still we think that the fact must and can be accounted for upon other principles, else we should have it prevailing at all seasons alike, or at least so long as the remote cause, this admixture of mica with our water, continued to operate. Taking it for granted then, that the above substance exercises no agency whatever in the production of diarrhœa, as it prevails here, we are irresistibly led to turn our attention to the study of the causes that are known to produce bowel disease in other climates, and see if we are not furnished with a solution of the difficulty.

The position laid down, and so ably maintained, by Dr. Cooke in his lectures; to wit, "that the same remote causes

---

* See Western Journal of Medicine and Surgery, July No., 1843.

produce both fever and fluxes," does in our humble opinion afford most ample and conclusive reasons, not only why the citizens of the Valley of the Alabama and its larger tributaries, but those of all other low malarious districts should be more liable to diarrhœa than those of the more high and healthy latitudes. Then if we have a cause operating throughout the spring, summer, and fall months, adequate to the production of diarrhœa in other latitudes, need we be surprised at its prevalence in this section of country, where all the elements necessary to the formation and evolution of malaria are so abundant, as they are throughout the whole southern portion of our State.

This remote cause acting upon the system through the medium of the lungs, and occasionally developing the disease, needs only some imprudence and exposure, or improper diet, conjoined with the known and acknowledged dampness of our atmosphere, to develop the worst and most intractable forms of diarrhœa.

Symptoms.—Dysentery and diarrhœa, two of the forms of disease to which the alimentary canal is liable, differ from each other more in degree than anything else, chronic dysentery being scarcely distinguishable from diarrhœa, and frequently here in their conversations by the faculty confounded; the distinction, however, is not of much if any practical importance.

In the incipient stages of diarrhœa the tongue is more or less furred; the pulse accelerated; the bowels excitable; the alvine evacuations usually preceded by a murmuring noise, and discharged with more or less griping and pain; the liver ceases to perform its proper functions, its healthy secretions being entirely suspended, no admixture of bile whatever appearing in the stools, which are now entirely protean in size, consistence, and color; as the disease advances the stomach usually becomes affected with sickness; the countenance grows pale, or sallow, and the skin generally dry and rigid; ultimately from the absorbents failing to take up the chyle

as in health, great debility and emaciation, with dropsy of the lower extremities supervene.

At this stage of the complaint, you will frequently be informed by your patient that his tongue is sore, and importuned to do something for his mouth. Upon examination you will discover that his tongue presents a shrivelled and cracked appearance, resembling more a piece of raw beef than anything else; the fauces present a similar appearance, with the exception of now and then an occasional little ulcer; great thirst, with a general soreness extending down the œsophagus, and throughout the whole chest, and severe lancinating pains in the different portions of the alimentary canal are also present.

These symptoms, if not arrested speedily, terminate in death, in consequence of disorganization of the mucous membrane of the intestines, from chronic ulcerative inflammation, constituting one of the most intractable forms of the disease; and in fact the only strictly unmanageable one that has prevailed in this vicinty.

Treatment.—In the consideration of this, the third and last proposition contained in the heading of this article, I shall not attempt a rehearsal of the various plans of treatment and remedies that have been recommended and tried, by different members of the profession, but confine myself to such only as are of acknowledged utility, and in this shall be as brief and concise as the nature and importance of the subject will admit. The successful treatment of any form of disease depends, to a greater or less extent, upon a correct understanding of the causes that have conspired in its production, and in none more so than diarrhœa; and as the liver and skin, in our opinion, are always greatly if not wholly at fault in the one under consideration, to these our remedies should be addressed, and they should be of a nature that are known under ordinary circumstances but seldom to fail in the restoration of healthy action to these organs, and for this purpose we know of nothing better than some one of the mer-

curial preparations in combination with ipecac. and opium. Then if the patient be but recently attacked, tolerably plethoric, with furred tongue and febrile excitement, I would commence the cure with purgative doses of calomel, or calomel and Dover's powder at intervals, to be carried off at the proper time, if necessary, with castor oil or rhubarb. When the liver is sufficiently excited, the impression may be kept up by the exhibition, every two or three hours, of one of the following pills:

℞ Calomel, 20 grs.
Opium opt. 5 grs.
Ipecac. pulv. 20 grs.
Camph. gum, 20 grs.
Divide into 20 pills.

The effect of this combination is almost universally to arrest the inordinate peristaltic action of the intestines, relieve the griping, and soften the skin; should they succeed in keeping up the impression produced upon the liver, which they most generally will, it should be continued by the daily administration of four or five of them until relief is afforded, or a slight soreness of the glands of the mouth and throat is felt. During the administration of this remedy, the diet should be of as mild, nutritious and unstimulating a character as possible, such as water gruel, chicken water, &c. Flannel should be worn next to the skin, and as far as practicable all exposure to a cool or damp atmosphere be avoided.

The plan, now becoming pretty generally fashionable throughout the south, of having a fire kindled in the parlor or bed-chamber about sun down, will be found an admirable regulator for those laboring under diarrhœa. The taking also of a hot and strong decoction of ginger tea, upon retiring to bed, will be found serviceable in warding off those small local determinations that frequently create, during the early part of the night, a desire to evacuate the bowels.

During the summer and fall of 1838, whilst stationed with

the 3rd regiment of artillery, United States army, at camp near Missionary Hill, Cherokee nation, east, I had an opportunity of witnessing, under the direction of the distinguished and lamented Dr. Samuel Forry, the good effects of the above plan of treatment. The doctor had spent several of the preceding years with the army in Florida, and had. from his great scientific attainments and practical skill, been placed in situations where he could enjoy the greatest field for observation. He informed me that the foregoing plan had been pursued by himself whilst at Tampa Bay, Black Creek, and Fort Jupiter, with great and unparalleled success. and that many of the soldiery had thereby been rescued from untimely graves, and returned to their families and homes in the enjoyment of comparatively good health.

In my hands both the mineral and vegetable astringents, such as the sacch. saturni, kino, catechu, alum and tannin, have all failed of their vaunted good qualities; neither have I seen the good effects result from the single or combined exhibition of the muriatic or nitric acids, as I had been taught to anticipate. In cases of great debility I have seen some little benefit derived from their tonic properties, internally administered, but nothing further, and they are not near so powerful in this point of view as the ferruginous preparations, and of these the carbonate of iron, or the muriated tincture are the best, and with which the system should be gradually charged, as we decline our mercurial preparations.

Mineral waters.—Of these those containing the largest proportion of iron, with a small trace of sulphur, are best adapted to produce the ends desired; and I would most earnestly advise all those laboring under chronic diarrhœa, to an early pilgrimage to one of those fashionable and healthy fountains of resort. The mere traveling through the mountainous regions of Tennessee and Kentucky, where these waters abound, superadded to the change of climate, and from the soft free-stone, to the hard lime-stone waters of those regions, has been known to effect most remarkable cures.

In conclusion, I shall feel highly gratified, and as if I had not lived in vain, should the preceding imperfect remarks answer no other valuable purpose than to cause some one more able to do the subject justice, to furnish the profession with a more extended paper.

Wetumpka, Alabama, July, 1845.

ART. III.—*An Account of an Epidemic which prevailed in Henderson county, Kentucky, during the Winter and Spring of* 1845. By Dr. A. J. MORRISON, of Henderson, Ky.

Before entering upon the details of this epidemic I deem it advisable to refer briefly to a complaint which prevailed with considerable mortality in the same region of country two years previously, called by the people black-tongue, or winter fever. It made its appearance in January, the first subject being an Irishman of intemperate habits, who was seized with a chill lasting ten hours, attended with furious delirium. Swelling of the parotid and sub-maxillary glands came on in a few hours, and was communicated to the face, closing up the eyes so as completely to prevent vision. On the third day after the attack he became comatose, and died the night succeeding. The disease from the appearance of this case became general in the neighborhood, and few families within certain limits escaped it. In every instance it was ushered in with a chill, which not unfrequently lasted fifteen or twenty hours, the surface the meantime being as warm as usual, and often bathed in a profuse perspiration. Perversion of the senses was an unfailing concomitant, especially of the sense of touch, insomuch that when a patient was examined he complained of a piercing pain from the contact of the hand. A uniform complaint was of a sense of fatigue, the patients expressing an earnest wish to be left quiet. In all cases, likewise, mental derangement attended,

being sometimes mild, but occasionally of the raving character. Mr. P., a boatman, walked his room but five minutes before he expired, giving orders to his crew. One of his negro women, attacked before him, having been given up as incurable recovered finally, but was idiotic for some time after her recovery. I have seen an intelligent young woman very often since she regained her health, who suffered with the disease in an aggravated form, and for some weeks subquently discovered a great vacuity of intellect. This affection of the intellectual faculties was frequently preceded by severe pain in the extremities, and this seems to have been one of the most formidable of all the symptoms, as it indicated the commencement of fatal congestion of the great nervous centres. Tumefaction of the neck and face was of very common occurrence, and this often ended in the formation of pus. The tongue for the most part became coated with a black deposit, and this circumstance gave the endemic the name of "*black-tongue.*" The complaint prevailed from January until May, when it disappeared. The number of victims, in all, was 64, being 17 per cent. of the population of the neighborhood visited by the malady. It is remarkable that during the existence of so much sickness in this locality, the country above and below it was healthy.

I am able to give the main features of one of the last cases of this endemic: Mrs. C., a young married woman, nursing a child nine months old, was attacked early one morning towards April with a chill, which continued several hours, and was succeeded by pain in the head, and swelling of the neck and face. The treatment was steaming, stimulants, &c., and at 10 o'clock of the night following she died in convulsions.

The health of this neighborhood continued to be good after the subsidence of the endemic up to the time when the complaint broke out some account of which I propose to give in this paper. The first case that occurred under my observation presented the following features:

Mr. B. was attacked on the 10th of December with a chill

under which he labored for the most of the night. Pain in the head followed, particularly of the left side; pulse slow, small and compressible. The treatment consisted in venesection, tartar emetic, to nausea, and purging by calomel and jalap. Evening of the same.—I find him with bowels moved, but pain of the head unabated. Blister to the side, which was the seat of severe pain.

11th. Pain in the side less severe, but that of the head as bad as ever. Patient is dull, sleeps continually, and when roused, begs not to be disturbed. Pulse still slow and easily compressed. Blister to the nape of the neck, and a pill of calomel and ipecacuanha, the latter to be taken every two hours during the day.

Evening. Complains of no pain; is weak and stupid. Bowels moved twice.

12th. Patient still stupid, and without appearance of any special pain. Bowels to be kept open by compound extract of colocynth, blisters to be dressed with stimulating ointment, warm pediluvia, &c. Under this treatment he convalesced slowly, and finally got well.

On the 19th of December, I was called to see Mr. M. who had been seized on the 17th with a chill lasting several hours. The succeeding fever was slight, but the patient complained of severe pain in the right side, and in the forehead. Dizziness, also attended, with slow, soft pulse, and coated tongue. The treatment was bleeding, an emetic, and purgative of calomel and jalap, with blister to the side.

20th. This morning patient is relieved of the pain in his side, but still experiences pain in the head, and has swelling of the glands about the neck. Blister to the nape of the neck, poultices to the swelling, and camphor to be taken every two hours.

In the evening he complained of no pain, but was extremely exhausted, and indifferent to all surrounding objects. No material change was made in the treatment; the patient recovered slowly, but without relapse.

Case III.—In this case as in those just cited, a chill of several hours ushered in the attack. Mr. S., the subject of it, had been ill several days before I was called on the 21st of December to visit him. Pain in the head and right side, skin dry, tongue coated, pulse slow and soft, stupor: these were the characteristic symptoms when I first saw him. A blister was applied over the pain in the chest, and sinapisms to his feet, tartar emetic as a nauseant was administered, and he was directed to take a pill composed of calomel, ipecacuan and camphor at intervals during the night.

22d. This morning the pulse is soft, pain of the side relieved, two motions from his bowels during the night, some irritability of stomach. Discontinue the pills, and prescribe a little brandy and water.

23d. Complains only of weakness. Bowels kept open by a pill of equal parts of rhubarb, aloes, and jalap. Convalescence slow but uninterrupted.

The next case I saw had a different termination. The patient was not treated by me, but I am at liberty to relate the history of his case.

Case IV.—This individual had acted as nurse to the man whose case I have just related. While I was in attendance on that patient he mentioned to me that he had a few days before had an attack of erysipelatous inflammation of the neck extending to the face, that his physician had very promptly checked it, but that he then felt a pain in his right side, for which he spoke of applying a blister.

In a week from this time he had a chill which continued about twenty hours; he was treated by two intelligent physicians, and on the third day, by their invitation, I saw him, when his situation was as follows: He was bathed in perspiration, though his skin was hot, pulse intermitting, subsultus tendinum, picking of the bed-clothes; he died in about twelve hours afterwards, and in a little more than three days from the date of his attack.

I saw no case of the complaint during the next month. Early in February I was called to the following:

Case V. Mrs. H., of good general health, was attacked early in the month, but I was not invited to take charge of her case for several days, a medical man in her neighborhood having been first called to attend her. I found her laboring under pain in the head and side, with cough and free expectoration, pulse 90 and hard, tongue furred. The treatment was bleeding, an emetic, and a purgative, with nauseating doses of tartar emetic, and an epispastic to the region of the chest where the pain was felt.

In the evening all the symptoms were moderated in violence. Ipecacuanha, liquorice, and gum arabic as an expectorant.

4th. Pain in the head still severe, and the patient is dull and sleepy; starts in her sleep. Give a pill of calomel, ipecac., and camphor every two hours.

No better in the evening; bowels have been acted upon; cerebral symptoms still threatening. A blister to the neck, and whole spinal tract to be vesicated with croton oil; pills to be continued.

5th. After the blister drew her mind became composed, and the patient slept well. This morning complains only of weakness.

The subsequent treatment consisted of aperients, wine, camphor and carbonate of iron, and under this her catamenia appeared at the regular period, and she went on steadly improving. Her health is now good.

Case VI. February 11th, I was called in the night to see Mr. K., who had been ill four days; had been bled and blistered, and taken some medicine by the advice of a physician. He complains of a severe pain in his chest: pulse 95, full and strong; bowels discharging a thin yellow mucus, skin bedewed with cold perspiration. I applied a blister to the chest, gave nauseants, and a pill of calomel and rhubarb to be repeated every three hours.

12th. Patient no better. Slept none during the night; pulse still bounding; complains of acute pain in the head. Pills to be continued. In the course of the day they acted,

the discharges from his bowels becoming more healthy; the pain in the chest has in a great measure subsided, but the cephalalgia is still severe, and is now accompanied by swelling of the neck and jaws.

13th. He is still restless; pain in the head no better. Applied a blister to the nape of the neck, and vesicated the whole course of the spine with croton oil.

14th. Appears better this morning, having passed a pleasant night; pain of the head not complained of. In the course of the day, however, he seemed to grow suddenly worse; pulse intermittent; extremities cold; fur on the tongue black, and other typhoid symptoms. His case proved a very protracted one, but finally resulted in recovery.

The next four cases in my practice occurred in the same family and will be described in connexion.

The subjects of three of them were men, the other was a boy. In all the disease came on with an enduring chill, which was followed by the train of symptoms already repeatedly described, among which swelling of the cervical glands was uniformly present. The reatment consisted of the remdies used in the cases before given, and the result was favorable in every instance. The enlarged glands were reduced without the formation of pus in any case. At the same house a woman died of the complaint in the care of another physician. Her death happened suddenly, and when she was not thought to be in danger by her medical attendant; she died in convulsions; but concerning the history and treatment of her case I have no certain information.

Case X. February 22d, I was called to see Mr. T., who was attacked with a chill on the night of the 19th, which after prevailing for several hours was followed by a slight fever, pain in the left side of his head, and in the right side of his chest. He had taken no medicine previous to my visit, and I found him in comparative stupor, with costive bowels, weak pulse, and furred tongue. He was bled, and took an emetic of ipecacuan, to which a cathartic succeeded. The remedies

afforded very prompt relief, but he continued to sleep almost incessantly through the day.

23d. Pulse this morning slow and feeble; bowels have been acted upon twice; pain of the head persists, and with it there is now swelling of the neck and right jaw. A blister to the nape of the neck; poultices to the swelling; a pill every three hours composed of calomel, ipecac., and camphor. and at night a blister to the side.

24th. He is discharging pus from his right ear, and his head has become easy. Bowels to be kept open by mild aperients—he recovered.

Case XI. I was called, Feb. 16th, to see a negro man, aged 45 years. Twenty-four hours before I saw him he had a chill which lasted all night. I found him with a feeble, frequent pulse, difficult breathing, severe pain in the præcordial region aggravated by lying down, insomuch that he sat up in bed leaning forward on a staff.—He had taken no medicine. I took blood to the extent of four ounces, when symptoms of syncope came on, and I was obliged to desist; but so soon as reaction was fully established I repeated the venesection. drawing about six ounces of blood. Tartar emetic and ipecac. in broken doses to be given through the night, a large blister to his side, and pediluvia.

19th. Pulse compressible and weak, severe pain in his side, coated tongue, dry skin; the nauseants acted freely on his bowels. The pills of ipecac., calomel, and camphor to be given during the day at intervals of two hours, the blister to be dressed with stimulating ointment.

20th. Tumefaction appears about his neck and face, and has increased until he is unable to open his eyes. Anodyne liniment to the swelling, and an aperient medicince containing extract of colocynth.

21st. The swelling has begun to subside, pain in the chest gone, except when he moves in bed. Under the use of mild laxatives he recovered slowly.

The next four cases occurred in the same family and at the same period. It would be unprofitable to enter intc details.

since the symptoms, treatment, and termination were the same as in those of which I have related the outlines. The day before I was requested to visit this family one of its members, a lad 14 years of age, died of the complaint. He was attacked on Thursday with a severe pain in his left foot, which shifted the next day to the hand, and was attended by drowsiness. His mother gave him calomel the day following, but on Sunday the stupor continued, and with it he had pain in the head and foot. That day he was visited by a physician, who drew blood, soon after which he was seized with convulsions; in the course of the day became comatose, and died without a struggle, as if falling asleep.

Case XII. Feb. 26th. Mr. W. has been sick for several days; has taken calomel and Cooke's pills until his mouth is sore. He complains of intense pain in his head, and has paroxysms of raving delirium; his pulse is weak and easily compressed. I drew blood to incipient syncope, applied a blister to the back of his neck, and vesicated the spine with croton oil. Castor oil was given to carry off the calomel, to be followed by pills of ipecac. and camphor, one every two hours.

27th. Find patient better in every respect; complains of nothing but weakness. Laxative pills were continued, and the patient had a good convalescence.

In the next case suppuration of the left ear occurred; the illness was of short duration; the treatment chiefly cathartics. In the next an unusually severe chill ushered in the complaint: the subject was a female, troubled with dysmenorrhœa. I found her laboring under cough, and drowsiness; she complained of being blind, was still chilly, pulse compressible, tongue coated. Treatment: an emetic of ipecac., to be followed by rhubarb, and a blister to be applied to the nape of the neck. The day following as she was still drowsy I had croton oil rubbed along the spine, and directed her to take compound extract of colocynth; her body was also sponged with nitro-muriatic acid. She recovered without an untoward symptom.

The next five cases which I had to treat were presented by

one family; two of them proved fatal, and the particulars of these I will relate. The patients were attacked with chills which lasted, as in most of the other cases, several hours.—Intense pain of the head succeeded; bowels costive, pulse weak, tongue furred.. Miss A., aged 19 years, with the foregoing symptoms, was bled on the 13th of March, took an emetic, was put into a hot bath, and blistered on the neck. Pain in the head next day less intense, but patient is stupid, and indifferent to surrounding objects. Give pills of ipecac. and camphor every three hours, and rub croton oil along the spine.

15th. Her catamenia came on during the day, attended by cramps in the lower extremities, and great difficulty of swallowing; the muscles of the back and neck were also contracted spasmodically; pulse intermitting, mind wandering. Tobacco enemas were used, and the spine was vesicated by croton oil.

16th. Patient decidedly tetanic; retention of urine; soporose. A hot bath, with spirits of turpentine, was used, but no benefit was derived from any applica'ion, and she died on the morning of the 17th, four days from the date of her attack

The father of this young woman was seized with chill on the night of the 16th after being much fatigued waiting upon her. He was aged 65 years. I found him laboring under most acute pain in the right side—he compared it to the piercing of a sharp instrument. He was bled, took an emetic, then a cathartic, and had an epispastic to his side.

17th. Patient complains of no pain, but sleeps constantly; if roused, says he is tired, and wishes to sleep. Prescribed a pill of camphor and ipecac., to be taken every three hours, in conjunction with the liberal use of brandy. A blister to the back of his neck.

18th. He still complains of nothing, and sleeps incessantly; has had a severe spasm, and abdominal muscles are now rigid; is roused with great difficulty. At 8 o'clock next morning he expired, having lain for many hours in an insensible state.

A negro boy died of the disease without having complained

of any pain, or having been regularly treated. His master could not be convinced that he was in any danger, although I pronounced an unfavorable opinion in his case from the beginning.

Case XIII. I was requested to see Mr. P. in consultation with another physician on the 22d of March. He was attacked on the night of the 17th with a chill which did not pass off until morning, and was followed by a slight fever, and pain in his left side. Dr. B. was called to see him on the night of the 21st, and found the patient troubled with pain in the left lung, cough and free expectoration, his pulse being small and frequent. Nauseants were given, and a blister applied to the side. When I arrived he was flighty, pulse small and easily compressed, tongue coated, bowels constipated. Prescription: a mild cathartic, and ipecac. and gum Arabic as an expectorant.

23d. Pain in the chest less severe, mind more composed. and patient expresses himself as better—Continue the prescription of yesterday, with tincture digitalis.

24th. Patient worse; complains of pain in the upper part of the left lung, pulse feeble, tongue dry and covered with a dark fur, skin alternately dry and moist, mind wandering, picking of the bed clothes, subsultus, &c. A blister was applied to the nape of the neck, sinapisms to his feet, with hot pediluvia; brandy as the patient wishes it.

25th. Less pain of head, cough better, skin moist, pulse slow and regular. He took compound extract of colocynth to open his bowels, and nitrate of potash to subdue the febrile reaction which came on in the course of the day.

26th. Complains of pain in the side when he coughs, but otherwise is easy. A laxative pill and brandy.

27th. Patient decidedly convalescent. No change in the prescription. He recovered slowly. My belief is that the digitalis was injurious in this case, and was probably chargeable with some of the alarming symptoms.

April 21st. I was requested to see M. W., a man of intemperate habits, in consultation with another physician. He

was seized with a chill, followed by fever and delirium, and and when I saw him he was thought to be laboring under delirium tremens. He died in two hours after I reached his residence. I am not clear that this was a case of the endemic, though I incline to the belief that it was, and that it was not delirium tremens.

April 24th. I was called to see Moses, a colored man, also in consultation. This patient had likewise been intemperate for a long time, and for some days had complained of indisposition, but the day before I saw him was able to drive his team. That night he was taken with a chill, and in a short time became furious. When I saw him he appeared to me to be in *articulo mortis*, and consequently I gave him nothing. He expired in about an hour. This case, like the preceding, I take to be one of this peculiar endemic, modified and exasperated by the habits of the patient. The chill and delirium were characteristic, and the sudden fatality is explained by the worn-out systems of the inebriates.

Mr. L., æt 66 years, was affected with swelling of the neck on the 21st of April, but after applying a blister to the swelling rode about his farm. The next day he had a chill of several hours' duration. A neighboring physician was sent for, who applied a blister to his chest for a pain of which he complained, and gave him a cathartic which produced copious watery discharges. I saw him for the first time on the evening of the 24th, when he was bathed in a cold perspiration, with a weak pulse, jaws and face much swollen. He sits propped up in bed, breathing with difficulty in the recumbent posture. He had taken laudanum to check the drastic action of the purgative; I ordered him to be rubbed with dry, ground mustard, and gave him brandy freely. The blister on his side drew after a few hours, and with this there was manifest improvement of respiration, in so much that he was able to lie down. His skin grew warm, and his whole situation was greatly improved. Prescription—a pill of calomel, ipecac., and camphor every two hours, and cooling poultices to the swelling of the neck.

25th. This morning he is clear of pain in the chest, expectorates easily, skin comfortable, bowels moved, and he rests well lying. A pill of aloes, rhubarb and jalap to be taken occasionally, in order to keep the bowels soluble. He went on well up to the night of the next day, when going into the passage of his house to the pot he became chilled, returned with a chill to his bed, and soon experienced a renewal of the swelling about the throat, which compelled him to sit up in bed for breath.

27th. I saw him in the evening propped up in bed, his skin bathed in a cold perspiration, and in this state he continued until the evening of the next day, when he expired. But for the unfortunate exposure to a cold atmosphere the result of this man's case, in all probability, had been different. He seemed to be relieved of all his urgent symptoms when the chill was induced with its alarming attendants, from which his enfeebled constitution could not recover.

The last case of this complaint which I was called to treat was presented on the 23d of April. Mrs. P. was taken that day with a chill, having been engaged washing in cold water a day or two previously while her menses were flowing. The day subsequent to their suppression, which took place in consequence of the improper work, she was seized with the chill. The chill was followed by slight fever, and pain in the right side, with soreness and swelling of the neck and stiffness of the jaws. She had been bled, and had taken a dose of calomel, but the medicine had not acted. I gave her a dose of jalap and rhubarb, applied a blister to the side over the pain, sinapisms, and hot foot-bath, and prescribed nauseating doses of tartarized antimony.

25th. Pain in the chest not so severe, but the swelling about the neck very painful. Cooling poultices applied to them with great benefit. Bowels have been opened, and at 10 o'clock the catamenial discharge reappeared, with the relief of all her symptoms. Her bowels were kept open by mild laxatives; the tumor of the neck subsided, and she had a prompt recovery.

With this case my experience in the endemic ended. I saw the first case of it in December, and from that time to the last of April, when that of Mrs. P. occured, was more than four months. In all I treated more than forty cases; I have given the history of a number of them in detail, as affording as perfect a view as I could present of the symptoms of the malady, and of the treatment to which I resorted. From many of the cases one would be inclined to conclude that the disease was not a formidable one, but the termination of some others was so suddenly fatal, that it must be conceded to have possessed a character of decided malignancy. My plan of treatment was simple, and the recovery of my patients was as a general rule strikingly rapid. I will not pretend to say that in all such cases the complaint was not mild, and that much of the result depended upon its being so; but it will not be denied that in other instances where it did not seem to wear a threatening aspect at first it became malignant by neglect, and terminated in death. I submit my history to the profession in the hope that something may be found in its details to interest the practitioner.

Henderson, June 19th, 1845.

REVIEWS.

Art. IV.—*Lectures on the Theory and Practice of Surgery.* By the late Abraham Colles, M. D. For thirty-four years Professor of Surgery in the Royal College of Surgeons in Ireland. Edited by Simon M'Coy, Esq., F. R. C. S. I. Philadelphia: Ed. Barrington & Geo. D. Haswell. 1845. 8vo. pp. 420.

This volume is issued with the July number of the Bulletin of Medical Science, and belongs to the Select Medical Library. The author of it, not now among the living, stood among the foremost in his day for skill and experience, and we are assured that we have in the volume before us not the matter only of his valuable lectures, but the manner also of the eminent teacher.

These lectures begin, as usual, with an account of inflammation, its kinds, characters and causes; but the author does not, as is very common, waste much time in theoretical discussions. His remarks are made with the conciseness of one who had a clear conception of his subject, and a high appreciation of what so many writers under value, time. He imparts instruction in a few words, and hence practitioners will turn with pleasure to his lectures when they wish to refresh their memories upon any practical point in Surgery. On the fourth page he has already reached the treatment of inflammation, and we find him laying down the rules respecting it in the following compendious manner:

"But cold does not agree in every case of local inflammation; sometimes you must apply warmth, and the best criterion—perhaps the only one—by which you are to judge, which is best in any particular instance, is that which the pa-

tient feels most agreeable to his sensations. You will be hardly ever wrong when it soothes the part, because this soothing is the very thing we aim at, knowing it is one of our best means to lower the inflammation. Now, warm stupes will often be found to lessen the pain and feeling of tension better than cold, and particularly where the feeling of tension is very strong, and they should be used notwithstanding the objection that they bring more blood to the part; a better objection to them is the slopping and wetting the bed-clothes, teazing an irritable patient and exposing him to cold from their damp. If you use them you will find that in different cases they must be of different degrees of heat; for instance, you can hardly make them hot enough for the comfort of the patient when matter is making its way through tendinous structures. Various medical plants are boiled or macerated in the water of stupes, but I doubt that they are of any use; I am not, however, certain; if any of them do service, it is chamomile, which, I think, I have seen somewhat useful. Poultices are likewise used with nearly the same object as stupes, and, like them, it little matters of what ingredient you make them, provided they are calculated to keep their moisture long. It is absurd to expect a poultice will retain a heat greater than that of the part on which it is put for any length of time; where that is wished for, stuping will be better. Were it not for their weight and the difficulty, in some situations, of keeping them exactly on the part you desire, poultices would be often found very useful, but their only purpose, on a simply inflamed surface, is to keep it soft and moist, and to maintain an equal temperature; if they be applied too hot they will irritate, and continue to do so until they cool down to the natural heat of the skin. Linseed meal worked up in hot water to the proper consistence is very light, and keeps its moisture longer than any other I know of; bread and milk is apt to get dry and hard, and if kept on in this state often does a great deal of harm. Local bleeding is among the means we employ to subdue inflammation; for this purpose scarification, cupping, and leeches are not to be used indiscriminately. To cup and scarify an inflamed part is just adding fuel to fire: leeches alone should be used, and even those put to a highly inflamed part may add to the inflammation already existing, or produce erysipelas. Another objection to leeches is that it is sometimes extremely difficult to stop the bleeding when enough of blood has been taken away, and this notwithstanding everything that you may try for the purpose. This, in an adult, is not of much consequence generally, but I have

known more than one child to die of the continuance of the bleeding from leech-bites. You must never forget what a very small quantity of blood an infant can bear to lose without danger, and if a leech or two must be applied to one of them, it should be carefully watched, for the child will fall asleep, and from want of proper caution, may continue to bleed until it is too late to redeem the negligence. Above all things, guard against the use of the Swedish leech, the bite of which will never be obliterated. You should not apply leeches near to each other, for if one bite should ulcerate, it will extend to the neighboring bites, they will run into each other, and sometimes be followed by very unpleasant consequences. On the whole, I do not think leeches by any means so useful as they are represented, except sometimes over inflamed glands, and perhaps in ophthalmia. I need say little of blisters, as no one would be mad enough to put a blister on an inflamed part; after other means have been premised, a blister at some distance will occasionally be very useful, such as to the nape of the neck, or behind the ears, in inflamed eyes. Now, in these cases they do not produce their good effect from the quantity of serum they make to be thrown out, but from counter-irritation, or a kind of sympathy between the two parts. Blisters are serviceable in removing the sequelæ of inflammation, such as the induration that sometimes remains, but on no account are they to be put on, or very near a part in a state of active, acute inflammation."

The second lecture discusses hectic fever, and mortification. Hectic fever is not dependent in every case upon the presence of pus, as we are taught to believe by Cullen and others. Often it is met with where not a particle of pus is to be found in any part of the body. To quote our author—

"You will see, for instance, a woman of delicate constitution fall into decided hectic from suckling her infant longer than the state of her strength or constitution would warrant her in doing, and yet there may not be the slightest indication of any organic derangement to cause the formation of pus, either at the time or in perspective. Here is a case where simple exhaustion brings on the disease, and if the constitution be sound in other respects, its cure is simple and effectual. Strong emotions, or affections of the mind, if continued for any length of time, will, alone, bring on a hectic, which will be fatal if it does not receive proper attention. You see an

example of this in the disease termed nostalgia by authors—where a conscript or recruit is forced to leave his family and his country, for the first time it may be, with small hopes of ever seeing either again. In neither of these instances, nor in many others that might be cited, is any pus formed; and that there is no mistake as to the actual cause of the hectic is proved by the fact, that it is effectually cured by making the woman wean her child, and sending the man back to the persons and places for which he yearns. Many cases of hectic present themselves where either no pus is formed at all, or where there is no proportion between the fever and the local affection supposed to be its cause. In hectic from a diseased joint the quantity of pus may be extremely small; and, on the other hand, we have cases where large collections of matter have been absorbed, by means of a successful line of treatment, or some change in the part or the system, and not a sign of hectic will be developed from beginning to end. There does not seem to be anything in the qualities of simple healthy pus that would lead us to think that it ought to cause so serious an effect on the constitution; it is a mild, bland, semi-fluid secretion, unirritating, tardily yielding to putrefaction, sometimes lying quietly encysted, for months, in the body: and for even years continuing to be secreted from the surface of an issue or other ulcer, without prejudice to the parts with which it has been in contact. We are still in the dark as to its uses, but, except from circumstances wholly unconnected with its particular nature, we see no injurious effects from its presence."

The diagnosis of this fever is important, and we copy again from this lecture:

"How are we to know when a patient is hectic? It is often extremely difficult to decide the point in surgical diseases, although easy enough in others, as in phthisis. In surgical hectic the symptoms are never so regular as in others. Hectic fever is often preceded for weeks or months by wandering pains in the limbs like rhumatic pains; here the greatest caution is necessary on the part of the surgeon, for if the patient has had the venereal disease, and that he was treated irregularly, they might be mistaken for venereal pains, and if mercury be, in consequence, exhibited, the patient is driven rapidly into the worst stage of hectic. As soon as the fever sets fairly in, those pains gradually subside. The first symptoms of hectic may be easily, and in fact frequently are, unnoticed;

it is so irregular in the occurrence of its paroxysms, that in any six days of its duration there will not be three of these days in which the paroxysm will happen at the same hour. The patient at first only feels a little weakness; he is conscious of not being able to use as much exertion as he used to do, and his friends remark he does not look so well; he rapidly loses flesh; yet his appetite may be as good as usual, and his functions go on regularly. It is soon perceived that once or twice a day he gets a change; about noon a shivering comes on, and lasts perhaps for half an hour, during which he looks pale, and his countenance drawn in; after this the warmth returns and the heat soon increases beyond the standard of comfort, particularly in the palms of his hands, &c., which have a peculiarly biting hot feel. There is nothing in this cold and hot stage of hectic like the corresponding symptoms of most other fevers. He may, without arousing any particular attention in his attendants at the incident, get his chair drawn nearer to the chimney, have the fire stirred, and something wrapped round his feet; by and by, he complains that the fire is too brisk, moves away from it, has a screen interposed, causes the door to be left open, and that's all. Sometimes the chilliness returns during the hot stage, or there comes on the sweating stage (which in hectic is not a general full perspiration over the whole body), and on its subsidence leaves the patient pretty well until the next attack, which usually comes on about six or seven o'clock in the evening. The sweating is seldom perfect; it is generally over the chest and arms, but sometimes on the lower extremities alone; it is not like the sweat in some other cases, but a greasy kind of moisture. The appetite, as I have said, remains tolerably good, and the thirst is less than in other fevers. As it goes on, the patient still loses flesh and strength; the appetite begins to decline; his tongue continues clean, but redder than natural; his mind becomes easily excited; his pulse is about 90, seldom gets as high as 120; his countenance changes; his forehead seems larger, from the falling off of his hair; his eyes get a pearly-white appearance, and sometimes are peculiarly brilliant; he flushes often, or there is a circumscribed redness on one or both of the cheeks; his nose is drawn in, and his finger nails become incurvated. A colliquative diarrhœa generally occurs in the morning, and when this is the case he sinks rapidly; not, indeed, as some imagine, from the consequences of the diarrhœa itself, but from the extent to which the fever has arrived. He will complain of a slight sore throat perhaps, and on examination, a number of white specks

called apthæ are seen on the soft palate, or perhaps on the tongue, or under the tongue; or what is more frequently the case, there will be seen a large ulcer in the throat. When these apthæ, or this ulcer appear, you may despair of your patient—he will not recover. Towards the close he is worn to a skeleton, and is weak as an infant. Although the intellect remains little impaired until a short time before death, when there is a slight delirium, his mind partakes of the general weakness; his legs become œdematous; his urine comes away insensibly, and he no longer calls for the bed-pan; he falls into slumberings, and at length dies off exhausted—often so quietly that those about his bed may be awhile unconscious of the event."

Mortification is the result of certain kinds of inflammation rather than of others. It rarely succeeds to rheumatism, but often follows erysipelas. In anthrax inflammation and mortification progress *pari passu*. Concerning the causes of this formidable result the author says:

"The exciting causes of mortification are sometimes extremely slight; for instance, if a patient, laboring under anasarca, gets a scratch of a pin, or a surgeon punctures a part with a fine lancet to let out the fluid, in the great majority of cases this scratch or puncture will end in mortification; in another individual mortification will extend from a common boil. It is a curious fact that when gangrene arises from these slight causes its progress is much slower, and when it is to end fatally the patient lingers longer than when it attacks a robust healthy man."

We have, at present, such a patient under our care. From an abrasion of the scrotum, resulting from the motion inevitable in traveling, sphacelus occurred to a limited extent, but although this took place more than a month ago the old man is still alive, but with an affection of the heart which renders the permanent removal of the dropsical effusion hopeless. At times the pulse of this patient can scarcely be felt at the wrist; his extremities are cold, and he seems more dead than alive; still the mortification of the scrotum did not spread, and the parts show a tendency to heal.

Our author continues on the same subject:

"There are causes independently of any local injury which produce mortification. I have heard it remarked by persons connected with large lunatic asylums in Ireland, that the unfortunate inmates of those institutions are particularly subject to mortification of the feet, without any apparent local circumstance to account for it. Excessive cold of a part will cause mortification of it, but sometimes a much less degree of cold than that of freezing will do it. A man, suppose, gets a fever, which, as it is the fashion, we must call typhus; well, on the eighth or ninth day one of his legs is observed to become colder than the other; it is not merely that the patient himself feels it colder, but there is an actual reduction of its temperature; the next day perhaps it is insensible; sometimes no pain is felt in the limb, and very rarely is there any considerable pain; the leg has sometimes a fulness in it, and sometimes it is shrivelled, and it quickly falls into gangrene. Cases of this kind have occurred where the foot mortified, and dropped off at the ankle, after a slow process. The most we can do generally in such cases is, when we feel one of the bones perfectly loose, to remove it gently with a forceps; or if the gangrene, suppose, stops at the middle of the leg, to wait with patience until the ulcerated surface of the living portion looks clean round the tibia and fibula, by which alone the inferior portion is retained, and then to saw through the bones and liberate it. I have never, with but one exception, known this occurrence to take place in those who were comfortably lodged in a wholesome dry place; it is always among the poorer classes; I have never, in the higher classes, known an individual lose his limb from fever, but my experience of fever among the wealthy is very limited, it being chiefly derived from hospital practice. Well, how are we to treat such a case? not by antiphlogistics certainly; the only thing to be done is to prevent any moisture being put to the limb, and to keep it warm with hot flannels, &c. Suppose you were to go to amputate this limb, you would find it the most troublesome and the nastiest operation that can well be thought of. Sometimes in fever the skin covering the prominences of the scapula, scrotum, hips, trochanters, &c., becomes excoriated, gets red, and becomes mortified in the centre; this arises from pressure and extreme debility, and the most you can do is to apply cushions of curled hair in chamois leather under the hollows of the body to equalize its weight on every part; local applications to the mortified parts are worth nothing, but when they first become red you might apply spirits, either alone or mixed with vinegar, and this will often stop the pro-

gress of the local affection. When the cuticle is abraded, lay a thin sheet of gold-beater's leaf on the part; white of egg spread on linen or thin leather will be found useful to prevent these abrasions. After the fever has subsided and the patient is getting well, perhaps getting fat and walking about, still one of those gangrenous spots may show no disposition to heal; should the part be the prominence of the sacrum and the slough be attached to the tendinous aponeurosis covering it, don't be in a hurry to take your instruments to cut it off. If you do, tetanus will in all probability be the consequence; cutting off sloughs in any case, except where they are completely detached from the living parts, and only retained by their continuity with a small portion still connected below, is a foolish and very dangerous practice. I knew a young surgeon, who, getting impatient at the slough of a caustic issue he had made, not separating as soon as he thought it ought, took a scissors and cut it off, and the patient died of tetanus. Gangrene from cold comes on in two ways:—A person, for instance, walking in very cold weather on ice, without shoes or stockings, finds, in the evening, a stiffness in his leg, and without any very apparent pain or inflammation it falls into gangrene. While in another such case a very high degree of inflammation takes possession of the limb before gangrene occurs. In a part affected by excessive cold you must not apply heat suddenly; its vitality has been lowered, and is therefore unable to bear the stimulus of heat in the first instance, as it would cause the death of the part. You must make the transition to its natural temperature very gradually and cautiously. If a part be in a state of a high acute inflammation, we should be equally cautious of applying anything to it that would be likely to reduce its temperature too rapidly, such as ice; the *cold* in this case would likewise be too strong a stimulant for the power in the part to resist its excitement, and the same consequence would follow as the application of heat in the first instance to a frozen part. Your first application, then, perhaps will be snow, the next cold water, then water a little heated, and so on; these should be applied with friction. Notwithstanding our best care, should reaction set in too violently, we have then only to treat the case as we would one of common inflammation."

A modification of gangrene not often met with, we apprehend, by practitioners of this country is thus represented:

"There is another variety of mortification called *cancrum oris* found chiefly in children—very seldom, however, among

those of the wealthier classes, but among those feeding on poor, unwholesome diet—and left, perhaps, neglected in their wetted clothes or bed, habitually. So frequent was this disease in the Foundling Hospital, that it was considered a kind of endemical complaint there from year to year. Children that appear particularly subject to exanthematous diseases are not unfrequently affected with this also. The first symptom perceived of it is a fulness in one of the cheeks, and if you put your fingers into the child's mouth, and feel the part from within and without, you will find that the cheek is really thickened; there is no particular redness to be seen in it on the outside, but after some time a red line appears forming around the tumefied part, and sooner or later all within that line will slough out. Sometimes the whole cheek will come away, and the disease often proves fatal. At first all you can do is to poultice the part and sustain the child's strength by suitable nourishing diet—attention to cleanliness, warmth, &c., and the exhibition of bark and other tonics. When the slough separates you are to endeavor to arrest the further progress of the disease by pencilling the edges and surfaces with strong muriatic acid, or, what I prefer, the muriate or butter of antimony."

The third lecture is chiefly taken up with erysipelas, of which so much has been said of late in this Journal, that no one would be likely to read anything that we might copy from the volume before us.

Wounds of various kinds are treated of in the succeeding lecture; namely: Simple, lacerated, punctured, and gun-shot wounds, to which are subjoined some highly valuable remarks on the nervous affections attendant upon such injuries. They will be read with interest, and as it is our design to give our readers the fairest opportunity of judging for themselves of the merits of these lectures we shall make long extracts from this. The veteran teacher says:

"There is a set of symptoms attending gun-shot and other wounds, of which I have as yet said nothing—they are called *nervous;* for instance, a man gets a wound or a severe compound fracture, and on the second or third day, when you visit him, you find him with his eyes blood-shot, he in a high state of delirium, and remember this man was a stout healthy man previous to the accident; well, in this delirium he has

his leg dangling perhaps by a bit of tendon, or a little muscle or skin; yet he feels no pain in his limb; he throws and tosses it about as if it did not belong to him; now, what are you to do here? You are to bleed him most largely; until he faints; bleed him instantly, and from such an opening as you would be almost afraid to make in a vein; if the vein you open does not bleed freely, open one in the other arm, and make him sit up; and then, when you find him getting weak, and a cold sweat coming out on his face, you bind up his arm, and most probably he falls into a sound sleep, from which he awakens quite calm and collected. But recollect you must make an impression the first bleeding. You desire an assistant to bleed him, and he tells you he has done pretty well, that he has taken fourteen or sixteen ounces from him; but twenty ounces at least must be taken, or no advantage will be gained. Now, there is another case which you must carefully distinguish from the former; in this case the wound or fracture, or whatever else it may be, has been suppurating for seven or eight days, when on visiting your patient in the morning, you see his eyes suffused; he has a peculiar cast of countenance; he is talking continually; his fingers have a tremor, and so has his tongue, if you bid him put it out. This is a nervous affection, and is peculiar to hard drinkers; nothing could be more injurious than to bleed *this* man—what are we to do? To give him opium—and you must give it in tremendous doses—as large as sixty or seventy drops of tincture of opium every hour, and overpower him with as much as he wishes of whatever he has been accustomed to drink—if it is whiskey, give him whiskey—if porter, give him porter, and give it in as large quantity and as often as he wishes, until you get him asleep. When a patient in these circumstances gets asleep, he generally recovers; but he may be several days and nights without closing his eyes. A patient was taken into Steevens's Hospital, and he got the first kind of delirium: he was every day getting worse, and we could not account for it; he had a wife who was very fond of him, and she begged hard to be allowed to sit up with him, and so she did—well, the man died, and when he was removed from the bed, two bottles that had contained whiskey were found concealed under the bed; he never had been a hard drinker, but in his delirium he called to his wife for whiskey, which she gave him as often as he called for it, and contrived to elude the vigilance of the nurse, who was a very proper and careful woman. The delirium of the drunkard does not often end badly; but remember you must make inquiries as to what particular intoxicating drink

the patient was addicted to, and to administer only that kind during his delirium; for it is a remarkable fact that none other will have the same power as a remedial agent. At our next meeting we will consider some other of these nervous affections arising from local injury."

The subject is continued in the next lecture thus:

"There is another very curious nervous affection arising from these injuries. A man, suppose, in going out of a room, pulls the door after him, and gets his finger jammed in between the door and doorcase. In some days after he feels a kind of creeping sensation going from his finger up his arm, and so to his head, or, as others will say, to their heart; when it arrives there, he is thrown into violent convulsions—these convulsions being of different kinds in different cases, sometimes like epilepsy. Now, it is said by some that these curious affections are owing to a tension of a fascia, but there is no tension in the case I have supposed, for such a case did actually come under my notice. Well—what are we to do here? First see if there is anything in the wound that could cause all this mischief; for sometimes a bit of gravel or a thorn may be the cause of all the disturbance, and which being removed the mischief ceases. I saw a woman who had an abscess in her thigh; it was opened, and the matter let out, but soon she got this affection—indeed the same evening. I came to see her, and on examining the wound, I found the lips glued together, but there seemed a fulness as if there was something which filled the space where the matter of abscess had been. I gently separated the lips of the wound, and there I found a quantity of coagulated blood, which I removed, and she had no farther return of the convulsions. In these cases, if you find nothing suspicious about or in the wound, and if the patient be of a full habit, bleed him, and if that does not cure him, it, at least, prepares the way for the next best remedy—namely, opium, which you must give in large doses. It is not safe to give opium until evacuations have been premised.

"Where you meet a case in which the patient has this sensation of a creeping up the arm, you will find there is nothing that will so speedily put an end to affection as the application of a tourniquet on the limb. A woman fell in James's street; she was a large, stong masculine woman. In falling, her arm came to the ground, and she got a sprain; she was taken into Steevens's Hospital, where a relative of her's was a nurse.

One of the pupils saw her, but did not think much was the matter with her, and supposed she only feigned to be ill. I, however, saw her shortly after, and though there was nothing very serious in the appearance of the injury in her arm, I thought I saw something peculiar in her countenance, and desired her to be kept in till morning. Well, all that night, her shrieks kept every one in the ward awake. The pain went from her thumb up her arm, and as soon as it got to her shoulder, she shrieked violently. It sometimes went from the shoulder down the trunk, and into the thigh of the same side. Every thing that could be thought of was done, but nothing was of the least service. Well, I recollected having read something about the tourniquet in such cases, and so I applied it to her arm, and immediately the next pain came, and advanced as usual, but when it came to the place which was encircled by the tourniquet, it could get no further. I then removed it, and placed it on the thigh, and when the pain came to that part, it was again stopped, and could not get beyond the instrument. I replaced it on the arm, and for several days there was no return of the pain. I then took it off entirely (it was a little cruel, to be sure), but I removed it, however, and quickly all the symptoms returned with the first violence. It was finally replaced on her arm; she had no return of the pain, and was completely cured by this method alone. A woman came up from the country with violent pains in her thighs; they were œdematous, and very much swollen; every remedy had been tried by her medical attendants in the country, but without avail. I was consulted, and I thought it a fair case for the tourniquet. It was applied, and when I went the next day, I heard that she had spent a tranquil night, and slept well, the first night's sleep she had had for some time. Her friends thought me a very great doctor for so expeditiously curing what had so long resisted every one else; but in seven or eight days it lost its efficacy, and ultimately failed. The disease, I believe, was in the spinal marrow. The tourniquet, of course, was not kept always tightened on the limb, for it could not live in that state; but she was instructed to tighten it when she felt the pain coming on."

Tetanus and hydrophobia make the principal part of lectures v. and vi. In respect to the treatment of the former of these affections, the following very judicious observations are made:

"Well, then, as we have no chance of preventing or curing tetanus by any treatment of the wound, we must turn our attention to the constitutional remedies, and what are they? A good deal has been written on the efficacy of opium—with what justice I will not pretend to say. In one case under my own care, which got well, I had ordered two grains of opium every three hours, and when I saw the patient getting better, I thought the opium was doing wonders, but after ten or twelve days I found, on looking at the pills, that they were no larger than the heads of pins—an apothecary's boy who made them up considered a *grain* to mean the smallest possible quantity, and accordingly made them so small that they could have no effect of any kind. If you give opium the tincture is the best form, as the patient can better swallow it; you must begin with forty or fifty drops every two or three hours, and increase the quantity according to the severity of the symptoms, so that in time the dose may be doubled. Even in very large doses opium will not cause drowsiness in a tetanic patient, in one case out of five; where it *does* cause it, it is a favorable sign, and you may then increase the dose; but you may give *too much* opium in this as in other cases, and therefore when you see the patient's eye turgid, as if inflamed, when the face, which was before pale, becomes red and bloated, and its vessels turgid, like an attack of apoplexy, you must lessen the dose immediately; if you persist you will kill your patient as certainly with your remedy as the tetanus would have done. Some say that the bowels become very torpid in this disease—I never saw this, but it may be true, however, and therefore you will look after them, and not suffer them to become too costive, and the best way decidedly to give purgatives in tetanus is in the form of glysters. I recollect when Dr. Hamilton's book came out, it was expected that every disease could be cured by purgatives, and of course they were tried in tetanus; but I always found patients die sooner under this treatment than when nothing of the kind was tried. Musk has been advised; it is, however, too expensive a remedy for hospital use, so I can't speak of it from experience; but from what I have heard of it, I should not be inclined to place much reliance on it. The next best thing to opium is mercury, and the best way to exhibit it is by friction along the spine and elsewhere, in large doses so as to cause salivation as quickly as possible, for there is not much time to be lost; you should throw it in, so as, if possible, to affect the mouth in twenty-four hours. Two drachms of mercurial

ointmant should be rubbed in at once along the spine, the limbs, jaws, throat; in fact every where you can, to facilitate its absorption; every inconvenience must be risked if the medicine is to get a fair trial, and this it may get, especially if the case is not a rapid one. Some caution is, however, necessary: you know a patient could be killed by throwing in mercury too quickly. I do not know whether given in tetanus it causus that affection of the heart which it does in other cases, when given incautiously, but I would be on my guard, however. It is difficult to salivate tetanic patients, and we are told that if we succeed in doing so, they will recover; but I have seen patients die of tetanus while under profuse salivation; it has been found more serviceable in the idiopathic than the traumatic species. Warm baths are advised; now, what are their effects here? Just this—the patient may get a paroxysm while being put into it; but the first time he gets into the bath, he feels very comfortable, and wishes to remain in it—the second time he is anxious to get into it, but he does not express so much satisfaction in it as he did the first time; he does not feel quite so comfortable, and you will rarely be able to induce him to try it a third time; the object sought for by the warm bath is to make him sweat. Dr. Wright advises the very opposite of this—namely, the cold bath, or cold water dashed on the patient suddenly, as an infallible cure, but when you come to his cases you find it was not tetanus he was treating at all; for he mentions among others, one case where the paroxysm lasted ten minutes; but in locked-jaw a paroxysm never lasted half that time. I doubt if the doctor ever cured a case by the cold bath; and though he speaks of the disease as it is met with in a warm climate, I doubt his statements, for Dr. Chalmers, a man who certainly wrote from observation, describes the disease in South Carolina exactly as it appears in these countries, and I am convinced there is no difference in its symptoms anywhere. I have heard of patients being cured instantly by the first glass of whiskey on Dr. Rush's stimulant plan, but this was not tetanus, for it was never cured suddenly by any treatment ever employed; but cases of hysteria, bearing some resemblance to tetanus, often are; whenever it has been cured, the improvement has been so very gradual, as to be a character of the disease A tetanic patient never feels any sensation in the wound that could give him the slightest idea that his sufferings were owing to it."

The editor subjoins the following note detailing a barbar-

ous plan of treating tetanus by the Tonga Islanders. He says:

"I have read in some non-medical work the manner in which the inhabitants of the Tonga Islands cure locked-jaw, to which they are particularly subject from the difficulty of extracting the barbed arrows they employ in battle. They introduce a painted piece of reed into the urethra for three or four inches, and then push the pointed end through its inferior wall and integuments, and leave it there until it causes great inflammation and pain, at which time the rigidity of the muscles passes off, and the person most generally gets well. The late Mr. Wallace had a case in hospital when I was a pupil. I mentioned the savages' cure to him, and he resolved to try it in a modified form. He introduced a bougie smeared with strong red precipitate ointment into the urethra, and as soon as the patient began to suffer pain, the muscles of the limbs grew soft beyond a doubt. The same evening I introduced it myself, the same effect followed, and the man had not another paroxysm for an hour and a quarter, although they had been coming on every twenty minutes previously. The patient, however, actually refused to allow a third application."

The prognosis of tetanus is apt to embarrass the young practitioner. Our author speaks thus in relation to it:

"When cases of common tetanus are to become fatal, we do not find the paroxysm grow less frequent, but they become apparently milder, and, on the contrary, when the patient is recovering, the intervals between the paroxysms are lengthened, but the violence of the last paroxysm that the man may have may be as great as that of any of the preceeding ones. Sometimes on visiting a patient he tells you he is better—he is now able to put two fingers between his teeth, whereas a little while ago he was able to put but one; he *feels* himself better—his jaws can be opened more, and his limbs are more flexible—his friends meet you with a smiling countenance, and everything is congratulation—now what are you to expect? Why, that the next paroxysm the patient gets, will carry him off—the very next paroxysm will certainly be the fatal one. You had better, in the progress of your treatment of a tetanic patient, keep a bit of wood, or cork, which I think better, rolled in a small piece of linen

between his teeth, to allow food and medicine to be introduced when necessary; you need not fasten it with a string or anything else. It is said that the body of a tetanic patient runs into decomposition sooner than any other; I cannot say how true or false this may be. Tetanus may end fatally before every other part of the body gets rigid, and patients do very often die before the upper and lower extremities, or both of them, have become so."

Ulcers take up a part of two lectures. It is a subject by no means to be slighted by the student of surgery. These ulcers are often exceedingly troublesome, and require very diverse modes of treatment. The author urges the junior pupil to the most diligent examination of the subject, saying that nothing is so interesting to him in all surgery as the treatment of ulcers. He goes on to say:

"He should dress them with the greatest attention, and observe every appearance and change with care, until he becomes so familiar with them, that he can predict, with certainty, on looking on an ulcer, what will happen in its progress. If your patient is walking about with an irritable ulcer, you may try the soothing plan with it; but the soothing treatment will not answer always. I have seen somewhere a mild poultice almost set the patient mad with pain. I at first thought it might be owing to the kind of poultice used, and have, in consequence changed them repeatedly, but found that whatever poultice was put on produced the same effect, which convinces me that it is not the composition of the poultice, but something in the nature of the ulcer which did not admit of the soothing treatment. I think the term irritable ulcer a very vague one, for any ulcer may become irritable, and with almost any appearance. There is only one description of ulcer I have ever met with, that really deserves the name, and which is not described in books; it is this:—It generally comes on the outer side of the ankle, upon or a little above the external malleolus; it is a small ulcer, sometimes not larger than the point of the finger; it never goes entirely through the skin; it has no edges, nor is there any inflammation about it; it discharges good matter, and has nothing very grave looking connected with it; it is excessively painful, however, and you examine it all over in vain, to say why it is so. You really can see nothing to account for it,

in its appearance at least. Now, if you have soft, mild applications, such as poultices laid on it, you will set your patient mad with the pain. You must treat it in directly the reverse way. Rub over its surface with a pipe of lunar caustic, and dress it with a solution of the same, under which the pain will cease, and the ulcer heal."

The discussion of the same subject is contained in the following paragraphs:

"We sometimes meet with an ulcer, the edges of which considerably overhang the surface. You think, on looking at it, that you see the extent of it, but on introducing a probe under these edges, you find that the ulcer extends a good way under it. This is an extremely tedious kind of ulcer, and will keep a patient longer in an hospital than any other I know of. I believe the best application to it is the nitric acid.

"Now, are you, without hesitation, to undertake the healing of any one of these ulcers that you may be called to see? You are not—it would sometimes be a very dangerous thing to succeed in. It does not at all depend on the length of time the ulcer has existed; that it has been a length of time there, discharging, is not at all a reason why you should not attempt to heal it; but if the patient has an affection of the lungs, it is not necessary that he should have a violent cough, with great expectoration; but if he has a thickness of his breathing, and that you discover clearly a tendency to organic disease of his lungs, and that you set about healing his ulcer and succeed, as you may do, you will be, as my old master used to say, his executioner. Don't meddle with it, or you will accelerate his pulmonary complaint, which, with the running ulcer, might have remained long quiescent."

We take the greater pleasure in copying from Dr. Colles's lectures on these minor subjects, because the affections are of more frequent occurrence. They fall out in daily practice, and will meet the young physician at the very threshold of his profession. The management of them makes a part of the regular business of his life, and establishes him in the estimation of the public a skilful or an unskilful practitioner. There is anthrax, for example, and mammary abscess, what physician has not found himself baffled or perplexed by these

trivial, but most painful, and often most obstinate affections! How gladly would he have hailed, at such a time, a more successful method of curing them. Respecting the latter of these cases our author has the following:

"I believe active cathartics, of the saline kind, are the very best things you can give. The patient and yourself may be very anxious to have the abscess opened early, on account of the great pain and fever it occasions, but if you do open it you cause much local irritation and profuse night sweats. Leeches do little or no good, and the exposure to cold, the slopping and the irritation they subject the patient to, often does a great deal of harm. Cold applications have been recommended sometimes, but they are not liked by the patient, and I think warm ones are better: your warm fomentations are best applied as women themselves do it—that is, to put the materials of the stupe into a wooden bowl, large enough to contain the breast, and lay it in it, covering the parts outside round with flannel. Even when the abscess feels ripe it is much better not to open it, except indeed the matter be just under the cuticle, when you may just puncture it with a lancet and let out the matter; but in general you ought to avoid the lancet in these cases, for if there be any life or thickness in the part you cut through, you excite fresh inflammation, and greatly increase the chances of other abscesses. [An extremely fetid mass, enough to fill a large whashhand-basin, was here exhibited.] The woman to whom this breast belonged was taken into the hospital for what we all thought was mammary abscess: she, however, died in three weeks, and on examination, we found the mammary gland converted into this firm substance, which is extremely like cow's udder; the fever attending this case, however, was not at all like that of mammary abscess. Whether these abscesses be opened by the surgeon or not, it is ten to one that there will be more than one abscess. Sometimes the inflammation in the breast seems running on to suppuration, and this even for ten days, and after all, matter may not form, but the affection may terminate in resolution."

The eighth lecture is taken up principally with the consideration of injuries of the head, and the subject is pursued through the three succeeding lectures. The author's ample experience in a large city furnished him with the materials for

a very instructive series of observations on this important subject. They will be read with interest and advantage, and we should be glad to copy parts of them, but begin to find ourselves already restricted for room.

In the lectures which follow, hare-lip and injuries of the throat are disposed of. We copy the author's description of the operation of tracheotomy:

"When the operation of tracheotomy is to be performed you will find things in a different condition from what you might suppose from performing it on the dead subject. It is all very well to say, throw the head back and give yourself room; but you cannot put your patient into the position you would wish, on account of the difficulty of breathing—it is so great that he cannot bear such a position an instant—and that in which you find him is generally a bad one, for he is leaning forwards; and you must put up with the inconvenience. The way to perform the operation in the upper part of the neck is this:—Take hold of the thyroid cartilage between your finger and thumb, and make a perpendicular incision with a scalpel through the integuments, down to the cricoid cartilage, and then make a transverse cut between the thyroid and cricoid cartilages through the membrane connecting them. Here the parts you operate on are superficial, and no part of consequence in the way of your knife. There is sometimes a little artery running transversely on the crico-thyroid membrane, but even if it should be present, and be wounded, it will give little trouble. A trocar has been recommended to be used in making the opening between the cartilages, but it is a bad instrument for the purpose, as you might transfix the larynx with it or wound its back part; besides the canula of such an instrument would be a very inconvenient one to leave in the wound, if you thought such a proceeding advisable. I think any canula generally unnecessary in these cases. The moment you put in a canula it is shot from the wound to the other end of the room, and besides, it irritates, although a curved one does so less than a straight one. There is no necessity for a double canula at all, for when you want to clean it, there is no difficulty in removing or replacing it. In operating on the trachea below the thyroid gland in chronic cases, the parts are all so thickened that it is sometimes difficult to find the trachea. I have seen surgeons looking for it before they got between the sterno-

hyoid and thyroid muscles, which will be found in such a case much enlarged in size; a trocar in this latter kind of case is a very dangerous instrument, for it may slip off the trachea, or the trachea may slip from under it, and the instrument be plunged into some of the arteries at the side of the neck. You might make the incision into the trachea with the same knife with which you make the external incision. You should make your division of the integuments long, so as to give you plenty of room, and don't let your assistant draw the lips of the wound asunder, but do it yourself, lest you lose the proper line of your incision, which would embarrass very much the subsequent stages of the operation. You must generally divide some of the veins which lie in front of the trachea, and here you are advised to suspend your proceedings until the blood stops, lest it should get into the trachea, even for two or three hours—but this is not necessary: just get an assistant (and you should take care to provide yourself with an intelligent one for the purpose) and let him draw the lips of the wound asunder with a straight or curved spatula, or put in a dossil of lint on the side the bleeding comes from, and go on with the operation. The trachea lies so loosely connected, that a very slight pressure can move it from side to side, so that before you attempt to open it you must hold it fixed in its place with the finger and thumb of the left hand, while you make your puncture or incision through its rings with the right. You know how closely the carotid artery and jugular vein lie to the side of the trachea, and if your knife slipped off its convexity, it might readily wound one of these vessels: the consequence of such an accident I need not mention. When you have opened the trachea, if you think it necessary, just introduce a quill into the opening, and this will generally be enough. If the operation is required in consequence of a foreign body being in the trachea, it generally happens that the moment this tube is opened the substance that got into it is thrown into the mouth: I don't know how this happens, but so it is."

We have reached, in this superficial examination, the fourteenth lecture, and the volume contains forty-nine; it is therefore evident enough that our notice of the work must be altogether imperfect. Indeed, we did not propose to make anything like an abstract of the volume, but only to extract such passages as would likely be read with interest, and at

the same time afford a fair specimen of the matter and manner of the publication. We shall not extend our notice much farther, since the work, from its intrinsic value, and the cheap form in which the publishers have brought it before the profession, is pretty sure of finding its way into the libraries of most of our readers. It strikes us as being a seasonable contribution to our stock of medical literature, a compendious system of surgery having long been a desideratum in this country. We do not undertake to say that these lectures, excellent as they are, fully supply the deficiency; but we have no hesitation in affirming, that they constitute a better body of surgery than is to be found in any volume which has been offered to the American profession in so accessible a form.

A glance at the table of contents will show that all the topics properly belonging to surgery are handled in this volume: with what fulness and ability the reader may infer from the quotations given. On some points it might be desirable to have more ample details, but in the compass of a little more than four hundred pages it is not possible to say all that it would be profitable to say, on the wide range of subjects embraced in a course of surgery. For this reason we still look for a more complete work—one which, without being as tedious as that of Benjamin Bell, shall embrace all that the student or practitioner ought to know of the present state of surgical science or practice.

In looking over the lectures which remain, we have concluded to make an extract from the one which treats of the diseases of the prostate gland. The author says:

"Among the mechanical obstructions to the flow of urine from the bladder is *enlarged prostate gland:* this enlargement generally, but not always, takes place at the latter periods of life. I saw a man in Edinburgh, not twenty-one years of age, with enlarged prostate, and instances are recorded of its occurrence at a much earlier period. These chronic enlargements are much more frequently met with than attacks of acute inflammation in the prostate, but it must

be admitted that the symptoms of the latter are not always of so decided a character, nor so easily distinguished from inflammation of some neighboring parts as to make us quite certain that acute inflammation of the prostate does not happen oftener than is generally supposed. Abscess of the prostate often begins with symptoms closely resembling gonorrhœa; inflammatory fever, more or less well-marked, usually precedes both; there is the same heat and pain in making water; and the pain in micturition is often referred to the same spot in both; there is a discharge from the urethra scarcely purulent perhaps at first, but soon becoming so; but while, in clap, the discharge increases with an uniform progression, in the prostatic disease it will often be observed to be very trifling suppose to-day, profuse to-morrow, again diminished considerably on the next, and so on; even this, however, is not so constant as to be relied on for a distinguishing mark of the nature of the case. There will be often felt a pain or uneasiness in the region of the gland, increased during the passage of hardened stools, irritability of the bladder, or retention of urine. When matter forms in the prostate gland it is sometimes a perfectly good pus, but occasionally it is of that curdy kind usually attributed to a manifestation of a scrofulous constitution. These abscesses open themselves into the neighboring parts. In several of these preparations you observe openings into the urethra from the abscesses in the prostate; in others, they discharge themselves into the rectum, and here is one where the matter would seem to have passed more directly into the cavity of the bladder itself. Sometimes two or three collections of matter form in the gland, either distinct or communicating with each other, and here is a preparation, where, if any of the proper structure of the gland remain, it but forms a thin wall to one large cavity, such as is observed in some cases of collections of matter in the kidney or other glandular organs. Now, here is a preparation where the abscess opens into the urethra, and if you saw the patient when he was alive you would have thought his complaint a very curable one; there was merely a discharge of no great amount from the urethra, which you might call a chronic clap, or gleet, or anything else that came into your head, and yet, as you may well suppose, it baffled everything that was done for him. Here is a preparation of abscess of one of the lateral lobes of the prostate, having two openings by which it discharged its matter—one into the urethra, and the other into the rectum.

Well, all these cases are of course entirely out of our reach."

The treatment, of course, must be varied according to the character and exciting causes of the obstruction. We quote from our author again:

"Home says you can cure the early stage of diseased prostate by preventing the bladder becoming distended with urine, and this you accomplish by not letting it empty *itself*, but using the catheter constantly; but what is the fact? Why, in the first place, you would never get a patient to submit to such a treatment in this stage of the disease, and even if you did, it would be as perfectly useless as every other treatment is that has been from time to time advised. Blisters, leeches, caustics, &c., are quite useless. You might give small doses of calomel and cicuta, as a little benefit has sometimes apparently been derived from them. These diseases of the prostate have nothing malignant in them; true scirrhus of the prostate does sometimes occur, but it is one case in one hundred of enlarged prostate that is true scirrhus, which is one of the most dreadful and terrific diseases that could afflict mankind; the pain is horrible."

Of the surgical treatment we shall not attempt to give any account, but only add, that in a case of enlarged prostate which occurred in our practice some years ago, after the violent symptoms had subsided the patient, a man hardly of middle age, was cured by the use, for several months, of a saline mineral water, by which a gently laxative effect was daily produced upon his bowels.

ART. V.—*Vestiges of the Natural History of Creation.* Second edition, from the third London edition, greatly amended by the author; and an Introduction, by Rev. GEORGE B. CHEEVER, D. D. New York: Wiley & Putnam. 1845. 12mo. pp. 280.

The author of this singular volume is not generally known. We have seen it stated that he is a member of Parliament, and of the name of Vyvyan. His work has been very ex-

tensively read, as is shown by the fact that in a little more than a year it has passed through three editions in London, and two in this country. It is well calculated to excite interest, and will probably continue for some time yet to attract a good deal of attention, for it has that element which the French lady felt to be wanting in the glass of water when she exclaimed, as she raised the pure antediluvian beverage to her lips, "*what a pity it is not a sin!*" It has the charm of "stolen waters;" it comes in at least a questionable shape, if it is not clearly contraband. Thus the Medico-Chirurgical Review, in reference to one of the hypotheses of the author, says, "it is three or four centuries in advance of the times, and will be stigmatised by the modern saints as downright atheism."

From this single observation the reader will be able to divine the character of this production. Doctor Cheever has deemed it well to introduce it to American readers by some very spirited and eloquent objections, in which the doctrines of the work are handled with severity. He finds in them all to alarm the "saint," that the reviewer aforesaid thinks is so far in advance of "the ignorant present times." We incline to believe that Dr. Cheever has pushed some of his strictures too far, and has betrayed some of that bigotry which the sneering critic considers an attribute of "the modern saints;" but the zeal, which may be carried too far, is displayed in a good cause, and the speculations assailed are certainly obnoxious to the severest criticism. It is true, that they have been somewhat modified in succeeding editions of the work, and that the author has even gone so far in deference to public opinion as to withdraw some of the revolting conclusions which he set forth at first as derivable from his doctrines; still, as his commentator holds, the system is answerable for the results which flow from it, and must be judged by the conclusions to which it leads, whether the author carries them out or not.

We propose looking a little into this system, and will say at the beginning, that it rests upon a curious assemblage of

facts, which render the volume worthy of an attentive perusal. The author is not only a classical and elegant writer, but evidently a man who has made himself extensively acquainted with science, and he brings from physiology, comparative anatomy, chemistry, and geology a multitude of illustrations to exemplify and support his hypothesis. His facts come thus, to be not only varied and curious, but in the truest sense of the word highly interesting, and it is only with his deductions from the facts, that his reviewers have found cause of quarrel. The hypothesis, which it is the design of the volume to unfold and defend, is, that the creation of the earth and all its inhabitants is the result of a *law of development.* The earth, he supposes, with La Place and others, existed first as a vapor, which gradually cooled down, and assumed the solid form. After a time, by a law pre-established, the lowest races of animals were created, and by development, one of these races was brought out of another—birds out of fishes, and mammals out of birds, until the highest of these, the monkeys, gave birth to the human race.

This is the hypothesis, and at this point we fear many readers will stop, resolved to have nothing more to do with a book reviving so ridiculous a doctrine. But any one who takes this resolution will do himself injustice, for absurd as this notion is, the work is not one to be despised. Let us pursue the history of creation as it is therein given.

The primary condition of matter, according to this hypothesis, was that of a diffused mass, portions of which in time were agglomerated into suns, which by a centrifugal force threw off planets; the earth was thrown off from the sun before its sister Venus, and its younger brother Mercury, and after Mars, Jupiter, Saturn, and Uranus; the nebulous matter of which it consisted by the opposite law of attraction collected around nuclei, and gradually contracted by cooling to its present dimensions. For a long time the earth was under the dominion of fire, and its primary rocks are hence crystalline, without any traces of animal or vegetable existence. But the progressive development went on; the pri-

mary rocks were upheaved by volcanoes, and worn by the atmosphere and water, and gave birth to the stratified rocks. In these we find the earliest vestiges of living creation. Up to the deposit of mineral matter from the seas, the geologist has no decisive proof that any vital being existed upon the earth. Still, as our author remarks, there is "difficulty with regard to the very first chapter of Fauna's story," and there is room to suspect that even the early ocean was peopled by some simple forms of being, which have "left no memorial of their slight gelatinous forms" in the rocks which formed around them. The heat to which these rocks have been subjected would account for the obliteration of every trace of such animals, as well as of the fragile plants which may have flourished in the earliest seas.

In the mica state and grauwacké slate systems indisputable vestiges of animal life are seen, in the fossil remains of polypi, encrinites, crustacea and conchifera, the two first belonging to the humblest of Cuvier's four divisions of the animal kingdom, the radiata, the other two to the next divisions, the articulata and mollusca.

"In common, though not very precise language, they are corals and shell-fish. Nothing uncommon or surprising is to be observed in their forms; but it is remarkable that, though they can readily be referred to existing *orders*, the species and even genera to which they belonged are no longer found on earth; nay, almost the whole had become extinct before the next group of strata was formed. Such changes of species we shall find to be of frequent occurrence throughout the subsequent ages. Of the crustacea of the system, the most remarkable forms are trilobites—animals which continued to flourish to a great variety of species throughout several of the subsequent rock-formations, but which are now only faintly represented in a few obscure species. Some curious inferences have been made by Dr. Buckland from the prominent facet-covered eyes with which this creature was furnished, indicating that the sea in which it lived was a clear medium, as existing seas generally are, and that light was the same in character in those inconceivably remote ages as it is now.

"Ascending to the next group of rocks, we find the traces of life become more abundant, the number of species extended, and important additions made in vestiges of fuci, or sea plants, and of fishes." pp. 42, 43.

The temperature of the earth in those primeval times seems to have been uniform over its entire surface, owing as Brogniart conjectures, to the internal heat, which was so great as to "overpower the ordinary meteorological influences;" and with this uniform tropical climate there appears to have been a general identity of organic life over the globe, remains of the same species of animals being found in England, Germany, Norway, Russia, and the Valley of the Mississippi, seven thousand miles asunder. Species, in the same low class of animals, are now so much more limited, that even the Red Sea and the Mediterranean give different polypiaria, zoophytes, and shell-fish.

"We advance to a new chapter in this marvellous history —the era of the *old red sand-stone system.*" The forms of life discovered in the former series of rocks are continued in this, but to these are added numerous fishes. Prof. Agassiz has made out twenty genera, and sixty species, which lived in the seas from which those strata were deposited. They were fishes of a low order of vitality, and are but slenderly represented by any of the inhabitants of existing seas. They were, like the animals of the previous era, widely diffused, their remains being found in "the corresponding strata of distant parts of the earth." With these aquatic beings marine plants appear in greater abundance, and the vegetation seems to have been less changed in successive eras than the animals, which is accounted for by the gradual infiltration of saline matters into the waters of the sea. These being unifriendly to certain species of aquatic animals, but not affecting marine plants, would bring about frequent changes in the former, and leave the latter undisturbed through a succession of ages.

As yet there were no land animals or plants, and for the very sufficient reason, that no dry land as yet existed. But

internal forces at length upheaved the bottoms of the seas, and dry land appeared, first at one point, then at another, and in America before Europe, for stratification affords criteria by which geologists can determine with accuracy the ages of mountains, and these proclaim our continent to be the older of the two. Fresh water accompanied the appearance of land, and the earth was now a fit theatre for other classes of beings. Do we find traces of them in the strata of that period? We do. Vegetation flourished in the utmost profusion, and its decay has left the beds of coal which make the mineral wealth of many nations. It has been called the *carbonigenous* era. The plants were rude and unlovely; no flowers adorned them, and they bore no fruit, but they were luxuriant beyond what the most fertile spots on earth can now show; and it will be remembered that there were then no men or animals on earth to be affected by their barrenness. The office they performed was one of the highest importance; they seem to have been commissioned to remove from the atmosphere the excess of carbonic acid, thus adapting it to the respiration of the more perfect animals, and having fulfilled their destiny, were submerged, and carbonized, and piled up in mountain masses for the benefit of the human race. The animal remains of this era are not numerous compared with those that go before, or those that follow.

"The mountain lime-stone, indeed, deposited at the commencement of it, abounds unusually in polypiaria and crinoidea; but when we ascend to the coal-beds themselves the case is altered, and these marine remains altogether disappear. We have then only a limited variety of shell mollusks, with fragments of a few species of fishes, and these are rarely or never found in the coal seams, but in the shales alternating with them. At this time the sauroids, a family of the ganoid fishes are considered as at their apogee, or point of greatest abundance; a fact of some importance, seeing that in teeth, bones, and scales they make an advance to the lizard character, a type of a higher order of animals which we are soon to see entering upon the stage." p. 66.

The termination of the carboniferous formation is marked by indications of volcanic violence, "which some geologists have considered to denote the close of one system of things, and the beginning of another." The earth presented now large tracts of dry land, and the atmosphere had become fit for animals of a higher organization. Terrestial zoology commences at this point, namely with the *new red sand-stone system.* The animals were lizards, one grade above fishes; their imperfect respiratory organs being adapted to an atmosphere not yet quite suitable for birds or mammalia. Some of them were of gigantic size; the *ichthyosaurus*, for example, was as long as a young whale, and was fitted for living in the water, though breathing the atmosphere. The *plesiosaurus* was of similar bulk; in shape it resembled the turtle, but it had a long serpent-like neck, terminating in a head fitted to capture its prey at a considerable distance. These two animals are supposed to have lived in the shallow borders of the seas of that era, devouring immense numbers of the finny tribes. They had as companions the *megalosaurus*, an enormous lizard, also carnivorous and inhabiting the land, and immense crocodiles which fed on plants. And not only these, but birds also of gigantic stature, for the proof has lately been brought to light, in the shape of foot-prints on the new red sand-stone of the Connecticut, that thus early animals so advanced on the scale of being had begun to exist. But we are to bear in mind that geologists divide time by eras, which may embrace many thousands of years, and that while the lizards flourished at the beginning of one of these, birds did not make their appearance until towards the close of it, when the air had undergone the improvement necessary to their existence. It is only in this way, it appears to us, that we get clear of the absurdity of supposing birds to have flourished under a state of things in which reptiles alone could have lived, unless, which is probably the fact, we conclude that these primeval creatures were not birds of flight, and did not possess the highly developed respiratory organization which we find in the present tenants of the atmosphere. So

the fact is, however, that *struthious* birds ,resembling the ostrich, but larger, have left their footsteps upon rocks of the same system as those which contain the remains of the extinct tribes of lizards. None of their fossils have been found on this continent; but there is no longer a doubt that these foot-prints are the real tracks of birds; and, indeed, since their discovery, Professor Owen, of London, has received from New Zealand skeletons of several species of birds, now extinct, which belonged to the same ancient family.

The next era is that of insects, and the mammalia. In the Stones-field slate there have been found several specimens of the lower jaw-bone of an insectivorous quadruped of the marsupial family. It is an interesting circumstance, as the author of the Vestiges remarks, that the first mammifers found should have belonged to that family, when the place of that order in the scale of creation is considered. It was low, as will be seen from the following description:

"In the imperfect structure of their brain, deficient in the organs connecting the two hemispheres—and in the mode of gestation, which is only in part uterine—this family is clearly a link between the oviparous vertebratæ (birds, reptiles, and fishes) and the higher mammifers. This is further established by their possessing a faint development of two canals passing from near the anus to the external surface of the viscera, which are fully possessed in reptiles and fishes, for the purpose of supplying ærated water to the blood circulating in particular vessels, but which are unneeded by mammifers."

In the next period the mammals become abundant. All over the chalk-beds where deposits of clay, lime-stone, and marl have taken place, constituting *tertiary* formations, as in the London and Paris basins, the remains of quadrupeds are found. The type of this era is greatly advanced, and animals of a more perfect organization are seen to have flourished. These tertiary beds present a set of animals almost entirely new, "and as we ascend in the series, we find more and more of these identical with species still existing upon earth,

as if we had now reached the dawn of the present state of the zoology of our planet."

Cuvier ascertained about fifty species of mammifers in the Paris basin, and others have been discovered since his time. These are all extinct, but they belonged to the highest class of animals, and are represented by the horse, camel, fox, wolf, tiger, &c., of our day.

This brings us up to the carnivora, "a considerably elevated point in the animal scale, but still leaving a blank for the quadrumana (monkeys) and for man."

With the superficial formations we have the commencement of the present species of animals. In various caves the osseous remains of the existing families of common quadrupeds and birds have been found in great abundance. Many of the bones of the gentler sort of animals are broken, and it is hence inferred that the caves were the haunt of hyenas and other predaceous animals, by which the smaller ones were consumed.

All this has the air of truthful history. The record is written in characters which appear to admit of no question. In this manner creation would seem to have progressed, from simple to the higher forms of organization.

"Amongst plants, we have first sea weeds, afterwards land plants; and amongst these the simpler before the more complex. In the department of zoology, we see, first, traces all but certain of infusoria; then polypiaria, crinoidea, and some humble forms of the mollusca; afterwards higher forms of the mollusca; and it appears that these existed for ages before there were any higher types of being. The first step forward gives fishes, the humblest class of the vertebrata; and, moreover, the earliest fishes partake of the character of the lower sub-kingdom, the articulata. Afterwards come land animals, of which the first are reptiles, universally allowed to be the type next in advance from fishes, and to be connected with these by links of insensible gradation. From reptiles we advance to birds, and thence to mammalia, which are commenced by marsupialia, acknowledgedly low forms of their class. That there is thus a progress of some kind the most superficial glance at the geological history is sufficient to convince us." p. 110.

This progress of organic life appears to have observed some correspondence with the progress of physical conditions on the surface of the earth. In other words, when the globe attained the fit state to support particular tribes of animals, they made their appearance upon it. The huge saurians were adapted to the low muddy coasts and sea-margins of the time when they flourished. Marsupials appear at the time when the surface was in that state in which we find Australia, where they now live in the greatest abundance, namely flat, and imperfectly variegated. And when the land and sea had come into their present relations, man with the animals that now surround him, was placed upon the earth. The land animals could hardly have existed before the carbonigenous era, "owing to the great charge of carbonic acid gas presumed to have been contained in the atmosphere down to that time."

And this introduces our author's "considerations on the origin of the animated tribes." That God created them, "as well as the terraqueous theatre of their being, is a fact so powerfully evidenced, and so universally received," that he at once takes it for granted. But in the particulars of this "so highly supported idea," he thinks there is "cause for some reconsideration." He is not willing to receive the scriptural account of the matter. He cannot believe that every shell-fish and reptile was a special creation. This idea appears to him ridiculous. Much more worthy of the Creator he holds the supposition, that all things have been progressively developed, the higher out of the lower, by the intervention of law. He adopts the doctrine of spontaneous generation. The waters having reached a stage adapted to fish, brought forth the finny tribes; the earth, in due season, shot up the oak and the pine; and tigers and hyenas came forth of some of the humbler tribes of the mammalia. Monkeys, after a succession of ages, were developed out of the highest of the mammifers, and they, the period of utero-gestation having been, by some means, lengthened, brought forth infants that grew to be men. This is the theory of creation which this writer propo-

ses to substitute for the one upon which the christian mind has so long rested. "Unquestionably," he says, "what we ordinarily see of nature is calculated to impress a conviction that each species invariably produces its like;" which is equivalent to saying, that all that we ordinarily see of nature stamps absurdity upon his doctrine. But he finds in Mr. Babbages "calculating machine', what he fancies to be "a remarkable illustration of natural law." This machine is moved by a weight, "and presents to the eye of the beholder successively a series of numbers engraved on its divided circumference." It continues for a long time to produce the same series of natural numbers. After seeing five hundred turns most persons would believe that it would go on regularly forever, and after the fifty thousandth turn, perhaps no one would doubt that the next turn would be fifty thousand and one. So it will be; and the machine continues to turn up the expected number from *one* up to *one hundred million*. "True to the vast induction which has been made, the next succeeding turn will be one hundred million and one; but the next number presented by the rim of the wheel, instead of being one hundred million and two, is one hundred million *ten thousand* and two."*

Here we have the doctrine fully, in this illustration. The monkeys went on giving birth to quadrumana for, it may be, one hundred million of generations and one, and then, instead of young monkeys, the strange progeny were "unplumed, risible bipeds"—"cooking animals"—the first of the genus *homo*. And this is the hypothesis which the respectable writer in the Medico-Chirurgical Review says "is three or four centuries in advance of the times." Then, indeed, are we "*advancing backwards*," for the hypothesis is as old, at least, as the time of Lord Monboddo, whose name, on account of its association with this ridiculous conjecture, has been a name to be laughed at for almost a century.

There are two objections, either of which would be fatal

* Babbage in the 9th Bridgewater Treatise.

to this hypothesis. One is, that in all the six thousand years during which the human race has inhabited the earth, nothing has been witnessed that gives the slightest countenance to it. The author admits that this is the fact, but he meets the objection by saying that this testimony is negative merely. The present era has lasted some thousands of years, but who can say that it was not introduced in the way imagined, and may not issue in some such birth as this law of development requires? Things, he contends, may proceed for many generations yet as they have done since the beginning of the species, and then a new and superior race of beings spring from the present imperfect family of man. But the answer is not satisfactory; the negative proof must be held to be good if not met by any of an opposite character. Men will believe in the stability of nature so long as they see her processes going forward with unerring exactitude; they cannot help believing that parturitions, which have gone on without any approach to such a deviation as this hypothesis supposes, for eighteen thousand generations, had a specific, determinate beginning, and will go on without essential change while the race endures. No analogy of a "Babbage calculating machine" will overturn or shake this belief. In strength it approaches to the nature of an instinctive faith. That which men sow, they expect, with an unwavering confidence, to reap. They do not look for grapes on thorns, or figs on thistles. From the horse they are sure of deriving a race of horses, and from their cows, cattle of the same kind. They are never disappointed by finding a calf where it should have been a colt, or a puppy instead of a pig. If there is any exception to this law it is to be found in the Kentucky boatman, who boasts of being "*half horse and half alligator, with a little touch of the snapping turtle;*" but, for ourselves, we are not prepared to surrender the law upon the strength of this exception. Nature does not more abhor a vacuum than such monstrous births.

[TO BE CONTINUED.]

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Gangrene of the Mouth in Children.—Dr. Hunt has published a very excellent paper on *gangrene of the mouth* in children, in the London Medical Gazette. The treatment he recommends is to commence with a purgative, composed of rhubarb, sulphate of potash, and one grain of calomel, whenever the soreness of the mouth is not so great as to render it difficult or impossible for the child to take it. In some cases it is advisable, or even necessary, to repeat this occasionally. The chief remedy, however, upon which he depends, is the chlorate of potass in solution, to the extent of from twenty to sixty grains, according to the age of the child, in divided doses, during the twenty-four hours. The beneficial effects, we are told, are often observed upon the second day of its use; almost always upon the third. The disagreeable fœtor soon diminishes; the ulcers assume a healthy, reparative action; the dribbling of saliva diminishes; and if there be simply ulceration, this very speedily heals; and if there be an eschar, it soon separates, and the ulcer granulates kindly.

We have the testimony of Mr. Cæsar Hawkins that the same treatment succeeded equally well in a case which fell under his notice. Mr. Ridson Bennett has likewise derived the most decided benefit from the internal use of the chlorate of potass in gangrene of the mouth.

In the journal last referred to, there is a paper by Robert Dunn, Esq., in relation to a fatal case of gangrene of the mouth, supervening upon measles, in a child two years and three months old, which became the subject of a coroner's inquest, in consequence of an accusation that the patient had been destroyed by the undue administration of calomel. On

the same day that the inquest in this case was held, Mr. Dunn was called to another case of the metastastic variety of gangrene of the mouth, in a boy four years old, also supervening upon measles. The attack came on without any premonitory indications. A small tumor formed on the inner surface of the cheek, which soon assumed a gangrenous appearance, and the breath became extremely fœtid. Externally, the surface of the affected cheek became tumid, reddish, and shining. A lotion of chloride of soda was assiduously applied, and quinia and liquor sarsæ freely given. The slough separated. The opposite cheek became in the same way affected, and the child, under the use of quinia, sarsæ, and a generous diet, was gradually progressing to convalescence at the date of Mr. Dunn's communication.—*Transac. Coll. Phys. Phila.*

Analysis of an "Official Report to the Surgeon-General U. S. Army, on the use of Large Doses of Sulphate of Quinine in Diseases of the South. By JOHN BYRNE, M.D., Assistant Surgeon U. S. Army."

Dr. Byrne's experience in the use of large doses of quinine was acquired during a three years' tour of duty in Florida, at a period when the greatest number of troops were operating in the Territory against the Indians, and when diseases of miasmatic origin prevailed very generally and with great severity. During the early part of his service, Dr. B. was stationed at comparatively healthy posts, where fever cases were neither very frequent nor malignant, and the treatment of intermittents and remittents was very similar to that ordinarily pursued at the North, and it was attended by the usual success. At a later period, however, he was in charge of large bodies of men, occupying positions characterized by extreme unhealthiness, and for the last two years of his Florida service his reports of sick range from 15 to 200 daily, exclusive of camp followers, families and citizens.

In individuals who had been but for a short time exposed to the climate of Florida, and in recruits recently arrived from the North, it was remarked that fevers were attended by high arterial action and much disposition to local inflammation; whilst in the older residents of the country, cases of disease were uniformly marked by debility and loss of vital force. In the former, antiphlogistics, diaphoretics, and other preparatory measures, were generally required before the administration

of quinine in any form. The latter, on the contrary—by far the greater number—were rarely accompanied by those evidences of diseased secretions so much dilated upon by authors; the tongue was often perfectly clean, and the alvine discharges natural in character and frequency. Here quinine was given at once, and in decided doses; the use of preparatory measures served but to weaken the patient and to protract his recovery.

Imbued with the idea inculcated at the North, that quinine is to be used in intermittents, only after a careful *preparation of the system*, and that in remittents its administration is rarely justifiable under any circumstances, Dr. B. expresses his regret that, in the earlier periods of his southern service, he frequently permitted patients to be worn down with repeated paroxysms of fever rather than have recourse to quinine—because no decided chill or lengthened intermission marked the case as one of intermittent fever. Subsequently he learned the value of quinine in all forms of malarial fever, and had the satisfaction of being able to arrest at once the chain of morbid symptoms, which under the old system of treatment were left to *wear themselves out* by repetition or to terminate in death.

In intermittents, and remittents of ordinary severity, it is considered as a matter of indifference whether the quinine is given in large or small doses—provided that 10 to 20 grains of the medicine are introduced into the system within a certain number of hours before the expected paroxysm. By a series of experiments instituted with the view of testing the comparative influence of the large and small doses (20 grains and 2 grains) in producing disturbance of the head, it was determined that in this respect, no difference existed between them, and that the liability to cerebral symptoms depended rather upon the condition of the nervous system, than upon the number of grains administered.

In the severe forms of remittent, however, and particularly in congestive fever, the size of the dose to be given is no longer a matter of choice; here there is no time to introduce the medicine gradually into the system, and if there were time, it is doubtful whether the small doses would produce a sufficiently decided impression upon the disease. It is in *congestive fever* that the value of decided doses of quinine is most strongly marked.

A man, previously in good health, is suddenly stricken down—overpowered by miasmatic poison; he appears insensible—his countenance presents a vacant stare, and he is

aroused with difficulty; when questioned as to his condition he insists that there is nothing the matter with him, and begs to be left undisturbed. His extremities are cold, skin elsewhere generally not above the natural temperature, and sometimes covered with clammy moisture; his breathing is laborious. In accordance with ordinarily received opinions, these symptoms would be ascribed to *congestion* of the internal organs, and free *venesection* the remedy applied. A physician familiar with the use of quinine in Florida, would think and act differently. He would view the case as one of poisoning by malaria, and the congestion—not as the first link in the chain of morbid action—but the mere consequence of the poisonous impression upon the nervous centres. Experience has taught him that the antidote to this poisonous impression is quinine; and accordingly he would order a scruple of the remedy to be given at once, combined with capsicum, laudanum, turpentine or camphor, to be repeated as often as necessary—with warmth, and stimulating frictions to the surface. Under this treatment re-action is established in the course of a few hours, and but little else is required to insure the safety of the patient—the occurrence of another paroxysm being prevented by the amount of quinine already in the system.

What would have been the result in this case if the lancet had been used, and the immediate and decided administration of quinine neglected?

Cases of this kind were not of rare occurrence in Florida, and where quinine was used with a sparing hand they were not unfrequently fatal in a few hours.

Dr. B. rejects entirely the idea that periodical fevers are checked with more ease and certainty on the critical days. At first crises were looked for, and remedies administered in anticipation of their occurrence, without success; but later, when the full powers of quinine were learned it was considered surer practice, and certainly a more effective one in military service, to cut short the disease at once; and thus the danger was avoided of allowing a quotidian intermittent to run into the remittent form, which in the expectant mode of treatment was often the case. No bad consequences followed this mode of practice, nor in any case were injurious effects perceived from the large doses of quinine administered, and it is asserted that no case of intermittent was encountered in Florida in which, when properly administered, the sulphate of quinine failed to arrest the disease; its permanent cure, however, was only to be effected when the patient was removed from contact with the miasmatic poison. No cases

occurred in which the bark, in substance, was found more efficacious than its active principle.

In numerous instances the administration of quinine in moderate doses, combined with calomel and Dover's powder, in chronic dysentery, particularly when this disease was accompanied by fever, was followed by the happiest effects. This circumstance, in connection with the fact that diarrhœa and dysentery invaribly prevailed simultaneously with the ordinary forms of miasmatic fever, goes far to confirm the belief in their common origin, particularly in malarial districts. That the habitual free use of quinine increases the tendency to disease of the bowels, of the liver, or spleen, is most strongly doubted; and it is considered that this notion may fairly take its place amongst the obsolete prejudices of times gone by.

In frequent *post-mortem* examinations of cases of chronic dysentery, with repeated attacks of fever—the form of disease which produces most of the deaths in Florida—Dr. B. expresses his surprise that organic alterations of the liver were so rarely encountered. "From the fact that quinine," he remarks, "was so largely used in the Territory, and that I rarely met with diseased livers, enlarged spleens, or dropsy as a consequence of fever, I must acquit this drug of the charge often brought against it of inducing these affections. When they do exist, I am more inclined to attribute them to the depleting means often too liberally employed, to the continued action of malaria, and to the repetition of paroxysms of fever which should have been checked at once. If epidemics show a strong tendency to fasten upon some particular organ, physicians evince an equally strong one to follow their example. Since the days of Abernethy and Philip until lately, the liver has nearly filled up the pathological anatomy of some physicians of our country, and calomel their therapeutics. So often have I seen patients drugged for bilious and liver affections where none existed; and so very rarely have I seen unequivocally diseased livers in dead bodies, that I look with suspician on those cases so often spoken of under the vague terms of 'hepatic derangements' and 'congested liver.' Nor do I extend to them a greater share of confidence when they are reported in connection with the use of quinine, and asserted to exist as a pretty constant cause, or part, of dysentery. These notions are so much opposed to my own observations, and savor so strongly of the theories prevalent some fifteen or twenty years ago, that I cannot but receive them with many grains of allowance."

With regard to the *modus operandi* of quinine, the evidence

of Dr. B. is necessarily of a negative character. Though classed among "tonics" by writers on the materia medica, the idea that its action depends upon tonic or stimulating properties, is a peculiarly unhappy one, for it has prevented its use, no doubt, in many a case of malarial fever which it would have cured with certainty; fever, it is reasoned, is a sthenic condition of the system, and a tonic or stimulant would certainly be inadmissible in it, according to the rules of art. The terms tonic, stimulant, or sedative, convey no just impression of the effects of quinine; its whole force is expended upon the nervous system, and its influence over the circulation is doubtful and uncertain. The effects perceived are those of an anti-periodic, or in more comprehensive phrase, a direct *antidote to the malarial poison.* How this effect is produced, is a question which must remain unanswered. The ultimate action of medicines, like most ultimate causes, thus far lies buried in obscurity, and it is better for us to be aware of our ignorance of the *modus agendi* of quinine, and to be content to use it for the well-known effects which experience has taught us it will produce, than to call it a tonic, stimulant or sedative, terms which involve a false theory, and must lead to erroneous practice.—*Boston Med. and Surg. Journal.*

Surgeon-General's Office, June, 1845.

Case of Gastrotomy.—Read before the Tennessee State Medical Society by Dr. I. E. Manlove, and forwarded, by vote of the Society, for publication in the Boston Medical and Surgical Journal.

On the 7th of July, 1844, I was called to see Alfred, a colored boy, aged 17 years. He complained of some general uneasiness of the abdomen, was laboring under febrile excitement; pulse 110. Learned that he did not recollect having a passage from the bowels in 12 or 15 days. On the 4th had walked several miles to a barbecue, and probably had indulged freely in eating. He had taken Epsom salts and castor oil; also several enemata had been administered by his master. I bled him "*ad deliquium animi*," gave him a general warm bath, and directed 4 grains of calomel and ½ grain of opium every four hours, until three portions should be taken, to be followed by castor oil and spts. turpentine.

8th.—Medicine had been all taken; no evacuation of the bowels; had vomited once, throwing up the medicine. Pulse

120. Bled him, administered a stimulating enema, and directed calomel and opium as on the previous day. Visited him again in the afternoon. Condition found to be the same; no evacuation. Spent the night with him, and made every effort I could to procure evacuation of the bowels, but they all proved ineffectual. Vomited several times during the night. Pulse 120 and feeble. Abdomen tympanitic.

9th.—Dr. Ford was called in consultation. His condition remained the same, except that all the symptoms were now growing more and more alarming, with the certainty that death must speedily ensue without relief. Flexible tubes were introduced as far as possible into the intestines, and stimulating articles were thrown up so as literally to fill the lower bowels. These were all soon thrown off without any appearance of fæces. About 60 grains of tart. antimony were dissolved in water and introduced at two injections, with little or no influence on the general system. An emetic also of ipecac. was administered; emesis was readily produced, but no alteration in the symptoms. Being now night, it was thought advisable to wait on the means which had been used until morning.

10th.—Abdomen enormously distended; difficulty of breathing; extremities cold; pulse very feble and quick; countenance anxious, no evacuation. Gastrotomy was considered the only possible means of even prolonging his life; and although the operation promised but little benefit, yet the certainty of death without it, justified us, in our estimation at least, in undertaking its performance. An incision was made in the median line, commencing about two inches below the umbilicus, and extending down towards the pubis four or five inches. The peritoneum and bowel along the lower half of the incision had formed a most intimate adhesion, and in cutting through the former an opening of about one fourth of an inch in extent was made into the latter. From the opening there proceeded large quantities of flatus and liquid fæces, as well as the oil and turpentine which had been taken. On further examination, it was discovered that the intestines were united to the peritoneum by extensive adhesions at various points within reach of the finger and probe. The wound was closed by sutures and adhesive straps, except the opening into the intestine. The amendment in all the symptoms in one hour was astonishing; the extremities became warm, the pulse slower and fuller, and during the morning he was able to fan himself, the weather being excessively warm. On the next day his appetite was good, and he continued to improve and

to discharge the contents of the bowels through the artificial anus until the 17th day after the operation, when the bowels acted naturally, the opening having nearly closed.

It will be proper to state, that about six months before his present illness, the boy received an injury from the falling of a piece of timber on the abdomen. The hurt caused him to keep his bed several weeks, and hence, no doubt, the adhesions which were discovered in the operation. The boy is now well (nine months after the operation), and is present for the inspection of the members of the Society.

That there was mechanical obstruction of a serious nature in this case, cannot be doubted; but it is a matter of much difficulty to determine its character. The opinion to which we incline is, that it was dependent on the retarded peristaltic motion of the intestines, which was the effect of the adhesions formed between the peritoneum and the bowels. Now we think it probable that from inattention to the regular evacuation of the intestinal canal, to imprudence in diet, or some other similar cause, accumulations of fæces may have taken place about the point of greatest adhesion, and the already retarded peristaltic action forming the still greater accumulation of matter, until the bowel was forced to bend on itself, forming a barrier which no ordinary means could overcome. This supposition is favored by the long-continued constipation under which the patient had labored, as well as by the result of the operation. It will be observed that passages per "vias naturales," did not take place for seventeen days, in which time it is probable that the accumulation was removed through the artificial opening, by being gradually dissolved and discharged, and so soon as that was effected to a sufficient extent, the bowels acted naturally. It is, however, of not so much importance to know the exact condition in this case, as to deduce inferences from it which may, perhaps, bear on cases hereafter to be treated.

The medical books abound with the detail of cases of obstructed bowels, and no doubt many of us have met with such in practice, in which all the remedies have been used in regular gradation, from the mildest laxative to the most drastic purgative, with all the other cathartic means, and the patients have died without an evacuation from the bowels. And the concurrent testimony of the faculty has tended to the conviction that in this condition nothing more should be done than has been done—that a respite from remedies should be allowed for the "settlement of worldly concerns and for the preparation of the spirit against the inevitable hour."

We would consider such a case not only justifying, but loudly calling for the interference of surgery. An operation which would discharge the contents of the bowels above the obstructed point, through an artificial anus, would tend to postpone the fatal hour, and perchance place the unhappy patient in that condition in which the powers of the system might restore him to health. Back to the earliest date of surgery may be traced the fear of peritoneal inflammation, as good and sufficient reason against the performance of the operation of gastrotomy. And we would hazard the suggestion that that fear has been proved by facts, belonging to this age, to be, if not groundless, at least stripped of much of its terror. We would not be understood to say that an artificial anus should be made in every case of gastrotomy—but only in those where the obstruction cannot be relieved by a change in the position of the intestinal tube. The necessity for opening the intestine should be judged of after the incision has been made in the abdomen and the cause of obstruction examined.

In reading, lately, the detail of the case of Hon. H. S. Legare, we were forcibly struck with its almost exact description in many points with Alfred's case, at the head of this paper. In cases of torsion, as well as of intussusception of the bowels, we would with deference suggest the propriety of the operation of gastrotomy, to relieve the cause of mechanical obstruction, as affording the only means of saving the patient's life—and respectfully as we would consider the fear of peritoneal inflammation, we do not deem it of so much importance as the inevitable death of the patient without the operation. In the operation for strangulated hernia the peritoneum is wounded; and if it be performed skilfully and soon enough, the danger of peritoneal inflammation is not considered a prominent feature in the case. Desault says that a patient should never be lost on whom the operation is performed before the taxis is used. The chief difficulty in such cases would be to determine the point of time when ordinary remedies will be of no further avail, and still organic lesion has not advanced too far to preclude the possibility of relief by operation. And we say, with Hey, that we might often regret that the operation is performed too late, but seldom that it is performed too early.

In support of these views as far as one instance will go, we will here mention a case which may possibly be brought before the Society in another form. Our respected friend, Dr. Wilson, of this county, was called to attend, in conjunction

with several others, a negro man who was supposed to be laboring under intussusception. All remedies had been used to procure evacuation of the bowels which ingenuity could suggest, but in vain; and the patient was reduced to the last point of life. Gastrotomy was determined to be the only means of affording relief. It was performed by Dr. W., and the intestines drawn out of the cavity of the abdomen until the point of obstruction was arrived at. About one inch of the ileum was found to be invaginated; and the attempt to relieve the intussuscepted portion, discovered the fact that adhesions had been formed between the receiving and received parts of the intestine. The adhesions were dissected loose, and the bowels returned into the abdomen. Natural passages immediately took place, and the patient was rapidly restored to perfect health. It is not unreasonable to suppose the chances of recovery would have been much enhanced, had the operation been performed before the adhesions were established.

If the chief dread in gastrotomy, in such cases, be peritonitis, it may be removed somewhat by the reflection that that disease is combated successfully every day by the well-established means which we all have at hand. And if it supervene after an operation, may not the same means be successful? And when we consider the importance of the operation, as affording the only chance of recovery to the patient, we may surely conclude that it is the smaller of two evils, and justifiable in its adoption. We have but little doubt that experience will show that this operation may be performed with as little danger to the patient, and with as great prospect of relief, as that of lithotomy, and many others equally important. It is apparent however, that the success of the operation depends much on the time of its performance. If delayed until disorganization of the intestinal tube is established, failure will await us almost inevitably. If performed sufficiently early, we would expect to be successful oftener than otherwise.—*Ibid.*

Tumor on the Thigh; affecting the Arterial System. Reported by E. L. Dudley, M. D.—In the fall of 1838, a black man, of middle age, was sent to Professor Dudley, with a large tumor, situated upon the inner half of the thigh. The patient did not suffer in the limb, and the tumor might be freely handled without any inconvenience to him. There was noth-

ing in the appearance or position of the tumor to justify the belief that it was of a malignant character, and yet the pulse of the patient, even after he had undergone a course of treatment for two months, was constantly at 140. The operation was finally performed, and a large tumor extracted, which involved three or four inches of sartorious muscle. It was remarkably heavy, and the greater portion of the interior converted into bone. In twenty-four hours after the removal of the tumor the pulse of the patient fell to ninety in the minute, and in a few days to the healthy standard.

How did the presence of this tumor upon the thigh accelerate the action of the heart so remarkably? The patient recovered rapidly without a single unfavorable symptom, and was, two years after the operation, one of the most active men upon his master's farm. If the tumor had been inflamed or the patient unusually irritated under nervous impressions, we might conjecture with some plausibility the cause of this unusual phenomenon. The fact that it was situated immediately over the femoral artery, and admitting that it might have pressed upon the vessel, (which it could not have done, in consequence of its superficial position, to an injurious extent), throws no light upon the case. The general health of the patient seemed to be good from the first, and the rapidity with which the wound healed proved that he was in perfect health at the time when the operation was performed.—*Western Lancet.*

Mesmeric Infirmary.—It may appear incredible to persons abroad, who are familiar with the educational efforts made in the city of Boston, that an imposition, regarded by the people generally as one really and truly belonging to the catalogue of humbugs, should or could be tolerated here. A hand-bill is circulating, announcing that a Dr. Taylor has opened a *Mesmeric Infirmary*, in Lowell street, in connection with one Tarbox—"who is well known as one of the best clairvoyants to be found in the United States, for the examination of diseases." No doubt exists on that point. The bill further heralds the astounding information that "the services of other clairvoyants for examining by hair, and for traveling clairvoyance, have also been secured. Magnetic, botanic, and all other medicines usually prescribed by clairvoyants, kept constantly on hand." This is an item in the local history of Boston, for 1845!

A first impression would be, that no one possessed of a

grain of common sense could be duped by such an unblushing system of deception; but it is altogether probable that it will prove a very money-making device. As far as our own observation extends in regard to these constantly coming and going efforts to profit by the credulity of mankind, strangers from the country are their chief prop and support. It would not be at all surprising to hear that a crowd of persons were seeking advice from this new oracle of mesmerism, and making their pockets as empty as their heads before leaving the premises.—*Boston Med. and Surg. Jour.*

A Case in which Calomel excited the symptoms of Poisoning by Corrosive Sublimate.—Dr. Ashmead related the case of a patient under his care, to whom an ordinary dose of calomel was given as a purgative, and followed by a dose of magnesia—who, soon after taking the calomel, was seized with symptoms similar to those resulting from poisoning with corrosive sublimate. He was treated by the usual antidotes and remedies indicated in such cases, and recovered. There was no reason to suspect that the calomel given in this case was an impure article, or that there was any idiosyncrasy of constitution, as the patient had previously taken calomel without any unpleasant symptoms following.—*Transac. Coll. Phys. Phila.*

Fossil Remains.—In the last No. of the American Journal of Science and Arts, are several paragraphs on recent discoveries of fossil animals, that fill the naturalist with perfect astonishment. For example, at Algoa Bay, near the Cape of Good Hope, several skulls, together with bones of the extremities, have been found, which belonged to several species of reptiles. Some of them appear to hold a place between the tortoise and lizard. The fact seems to be settled, that a reptile once existed which had only two teeth.

A large skeleton of the Zeuglodon was brought to light some months since in Alabama, by Dr. Albert C. Kock. One of those mighty skeletons, about seventy feet in length, is said to be in Albany at the present moment. But Dr. Kock's discovery puts all former ones into the shade, his skeleton being *one hundred and four feet long!* The solid portions of the vertebræ are from fourteen to eighteen inches in length, from eight to twelve in diameter, and weigh, upon an average, se-

venty-five pounds. There are forty incisor teeth, four canine and eignt molars. It is decided that the monster was a carnivorous one. The eyes were large and prominently situated. says the Journal, on the forehead, giving the animal the power of keeping a constant and vigorous watch for its prey.

Lastly, in the category of anomalous things, by way of remembrances of an old world, of which these colossal bones are the mere fragments, some parts of the skeleton of the extinct gigantic New Zealand bird, called moa, were carried to England in February last, and offered for sale to the College of Physicians. The owner asked for the lot, the round sum of two hundred pounds sterling, which the learned gentlemen of the institution were not inclined to give, and they were therefore intended for a Paris market.

From the deep interest everywhere manifested in that class of researches which bring up and bring out of the earth the unquestioned evidence of the fact, that the surface of the globe has in ages of undefined remoteness, been in the entire occupancy of monsters of the hugest and strangest proportions, but which were in exact adaptation to the physical condition of things in the ages in which they lived, we may hope for revelations of a still more exciting character. As men multiply, and, prompted either by the passion of curiosity, ambition or avarice to penetrate the earth's crust, new developments and strange discoveries are in all probability constantly to be made. In all past periods much has been lost through ignorance; yet gains are to be hoped for in future, since comparative anatomy comes with all the laws explanatory of animal architecture, to illustrate and establish the great truths discoverable in the vestiges of creation.—*Boston Med. and Surg. Journal.*

Case of Third Dentition.—A mechanic, residing in Boston, who had the last of a bad set of teeth extracted within a few months, has since been surprised by the appearance of several new teeth, which are just protruding their sharp edges through the gums. The prospect, at present, is, that the third set will not be either numerous or symmetrical, but perhaps of considerable utility in his old age. There is no appearance of a grinder, the new teeth being nearly on the alveolar arch. The jaws cannot be brought in contact—nor have they been since the remnant of the second set was taken out. As the gentleman has promised to call, from time to time, to give us an opportunity of observing the progress of this anomalous

dentition, we shall not fail to mention the appearance of the favored individual, when nature has completed the curious operation she has commenced, so much out of the ordinary course of her proceedings, in his case.—*Ibid.*

Case of Triplets.—Dr. Parsons, of Macon, Georgia, informs the public that a Mrs. Chance, of Burke Co., had three children at one birth, lately, of the ordinary size and well developed. Two of them were united from the axilla to the upper part of the hip. The single child is living, but the two united ones died.—*Ibid.*

Case of Poisoning by Prussic Acid. By Thomas Leithead, Esq., Warkworth.—On the morning of the 28th ult., a few minutes after 12 A. M., I was called to see Jane H——, aged 17, servant to Mr. Turner, a chemist in the village by a messenger, who stated she had "taken something," and I must make haste. I reached the house within three minutes of the call, and on entering the bed-room found Mrs. Turner supporting the patient on the bed, whilst Mr. Turner was bathing her head with cold water. The countenance had a ghastly appearance; the eyelids nearly shut; respiration protracted and slow; there was no stertor, no convulsions, nor had any been observed. On raising the eyelids, the pupils appeared dilated and insensible; pulse gone at the wrist; nor could I detect any action of the heart. I sent down to Mr. T's shop for some ammonia, but she was dead before I received it. On applying my nostrils to her mouth, I thought I found the smell of prussic acid; Mr. Turner could not. On the following day, fourteen hours after death, on entering the room with the jury, I smelt the acid immediately; liquid oozing from the mouth and nostrils smelt strongly of it. The fluid had run over the bed, and smelt pungently of the acid; the back was much discolored, and the face of a livid hue. The coroner did not consider a *post-mortem* examination necessary.

The body was removed from the bed, and in turning up the feather bed, a prussic acid bottle, with the stopper in, was found between it and the mattress, near the centre; it contained about eight drops of the acid. The girl's mistress states that about twenty minutes after the girl had left the room, she was proceeding up stairs to bed, when, in passing the girl's room door, she heard a moaning noise, she entered

the room, and found her lying in bed, with her clothes on, and the bed-clothes drawn up to her face, apparently "gasping for breath." She instantly gave the alarm, and I was sent for.

The evidence adduced proved—as far as *could* be proved—that she had swallowed an ounce of the acid, re-corked the phial, thrust it to full arm's length between the feather bed and the mattress, got into bed, and then drawn the clothes over her body; and there appeared to have been no convulsions.—*London Lancet.*

Case of Insanity cured by a Surgical operation.—A gentleman engaged in the higher departments of trade—a good man, and an affectionate parent—had two sons, who at the time I begin their history, were respectively of the ages of five and ten. The attachment between them was so remarkable as to be the common topic of conversation among their friends and acquaintance. The children were always together; and to see them walk round the garden, with the arm of the elder round the neck of the younger, while the other who could not reach his neck, endeavored to clasp his waist—with their long auburn hair, in the fashion of the day, hanging down in ringlets. and as the elder stooped to kiss his little brother covering his face, those who had seen them thus occupied, their lovely features beaming with affection, would have said, that nothing on earth could give a more vivid idea of angels.

The children when separated for a few hours were miserable; and when the time arrived for sending the elder to school, it was a subject of serious reflection with the parents and friends, whether so intense an affection should be checked or encouraged: the former was decided on, and the elder was sent to a distance.

Both children were so exceedingly unhappy, that sleepless nights, loss of appetite, incessant weeping, and rapid wasting of body, made every one fearful of the consequences of prolonging the absence, and they were brought together again. Those who witnessed the tumultuous joy of their meeting, describe it as inexpressibly affecting. They soon recovered their health and spirits, and their mutual affection seemed if possible to be increased by their temporary separation.

The experiment, after a while, was again made, with similar results; and it was decided never to risk another.

An arrangement was now entered into with a school-master to receive both boys, although contrary to the regulations

of his establishment, which psofessed to admit none under ten years of age.

The two boys kept themselves almost entirely aloof from all the rest; the elder helped the younger in his education, watched him with a kind of parental solicitude, kept a vigilant eye upon the character of boys who sought his society, and admitted none to intimacy with his brother of whom he did not entirely approve. The slightest hint of his wish sufficed with the younger, who would almost as soon have contemplated deliberately breaking the Commandments, as opposing his wishes in the slightest degree.

Both made rapid progress in their education, and their parents' hearts were filled with thankfulness for the blessing.

In the midst of this happiness, news arrived from the schoolmaster that, from some unexplained cause, the elder boy had begun to exercise a very unreasonable and tyrannical authority over the younger; that he had been repeatedly punished for it; but although he always promised amendment, and could assign no cause, reasonable or unreasonable, for his conduct he soon relapsed into his usual habits, and the schoolmaster requested to know what was to be done. The father immediately sent for both boys, and entered upon a lengthy investigation. The little one was almost heart-broken, and exclaimed, "He might beat me every day if he would but love me; but he hates me, and I shall never be happy again."

The elder could assign no reason for his animosity and ill-treatment; and the father, after many remonstronces, thought it right to inflict on him very severe corporeal chastisement, and confined him to his room for some days with nothing but bread and water. The lad on his liberation gave solemn promises of altered conduct, but shewed little affection for his brother, although the latter used a thousand innocent stratagems to inspire him with tenderness. They returned to school. In a few days similar scenes and worse occurred; the boy was again and again punished by the master, again and again promised amendment, but in vain, and he was at last taken away from school by his father.

A repetition of severe punishment, long incarceration, and a rejeetion by all his relatives, had no effect in changing his disposition; his dislike to his brother became fixed animosity, and from animosity degenerated into the most deadly hatred: he made an attempt on the child's life; and if he saw him pass an open door, would throw a carving-knife at him with all the fury of a maniac.

The family now resorted to medical advice, and years

passed in hopeless endeavors to remove a disposition obviously depending on a diseased brain. Had they taken this step earlier, these floggings and imprisonments would have been spared, as well as the heart-sickening remorse of the father.

Still the boy was not insane: on every topic but one he was reasonable, but torpid; it was only by the sight of his brother, or the sound of his name, that he was aroused to madness. The youth now advanced towards manhood. When about the age of fifteen he was taken with a violent but Platonic passion for a lady more than forty years of age, and the mother of five children, the eldest older than himself. His paroxysms of fury now became frightful; he made several attempts to destroy himself; but in the very torrent and whirlwind of his rage, if this lady would allow him to sit at her feet and lay his head on her knee, he would burst into tears and go off into a sound sleep, wake up perfectly calm and composed, and looking up into her face with lack-lustre eye, would say, "Pity me; I can't help it."

Soon after this period he began to squint, and was rapidly passing into hopeless idiocy, when it was proposed by Mr. Cline to apply the trephine, and take away a piece of bone from the skull, in a place where there appeared to be a slight depression. "The indication is very vague," said he, "and we should not be justified in performing the operation but in a case in which we cannot do any harm; he must otherwise soon fall a sacrifice."

It was done, and from the under surface grew a long spicula of bone piercing the brain! He recovered, resumed his attachment to his brother, and became indifferent to the lady.

The disease which led to these terrible results had its origin in a blow on the head with the end of a round ruler—one of the gentle reprimands then so common with schoolmasters.—*Journal of Insanity.*

Double Consciousness.—A. B. conceives that he is himself and another person at the same time; he acts as if this belief were sincere, and cannot divest himself of the conviction that in his own body are two minds or persons suggesting courses of conduct wisely opposed. He is certain that his original self, A. B., is a base abandoned scoundrel, tempting his other, or new, or better self, to whom it should be noted is attached the emphatic *Ego*, to commit crimes or acts of which he altogether disapproves. The second person of this duality repels, struggles with these abominable solicitations,

such as that he should commit suicide, and loathes the tempter or first person. This struggle sometimes becomes real and visible, when the hands, acting under the will of No. 1, or the virtuous and opposing impulse, beat and bruise the legs, body, or head, which, it may be presumed, are supposed to belong to No. 2, the vicious or tempting impulse. The object of one is obviously to inflict pain upon the other. The blows are so severe as to leave marks for days, and when these are adverted to, the answer, is, as if from No. 2, "Don't justify him, he deserved it." Such conflicts generally occur during the night; the delusion appears to be the strongest at the time of awakening, and the interference of the Night Watch is required to part or pacify the combatants. The mind appears on these occasions to be so pre occupied by the delusion, as to confound the sensations communicated by these blows and to refer them to the body of another. In conversation with those around, A. B. speaks at one time as No. 1, at another as No. 2.

In the Second Case, the mind appears clear and coherent during the day, but insane or unsettled during the night, and when the patient is in a horizontal position. The healthy perceptions recognise the morbid ideas or dreams, for such it is probable they are, as appertaining to another state of being, and that they are the result of insanity. The patient is of cultivated mind, and able to analyse and describe his own feelings. He believes that he has two natures. For twelve hours he can laugh at the delusions of his companions and at his own; but during the night he supposes himself to be in a state of complete mesmerism; that he is mad and has the delusions of all the persons in the same gallery concentrated in himself; and that he is under the influence of supernatural power, which rules all his thoughts and actions, fills his mind with visions of the past and future, and enables him to accompany the Night Watch in his rounds, and to perform many inexplicable deeds, which are either repetitions of what he has done, or prefigure what he is still destined to do. He, the sane man, emphatically declares these to be the hallucinations of an insane man, who is himself, and yet different. Both of these manifestations of disease may be attributed to the abstruse but vain philosophical inquiries of the mind while in health.—*Ibid.*

Occupation in Insanity.—At the recent anniversary of the Union Discipline Society in Boston, the following anecdote

was related of a boy who was sent to the Brattleboro' Asylum, in a state of derangement. He told the physician he wanted work; he could'nt live without it. The doctor asked him what he could do? He could print—but they had no means of printing. "Well," he said, "the doctor could get work for him at the presses in the village." The doctor applied, but the printer said the boy would "knock the type all into *pi*." The doctor told the boy the result of his application. "Well," said he, "I should do no such thing; but, doctor, you can buy a press; it will cost but little." The doctor made the experiment, bought press and paper, and enlisted the insane to contribute, edited the "Monthly Asylum Journal," and sent it abroad. The boy printed it, improved rapidly, and has entirely recovered,—and in the last Journal returned his thanks to the community for this means of restoration.—*N. Y. Exp.*

Ipecacuanha, in Emetic Doses, as a powerful Restorative in some cases of Exhaustion and Sinking. By John Higginbottam, F.R.C.S., Nottingham. (Read before the Nottingham Medico-Chirurgical Society, May 23, 1845.)

In the year 1814, I was first led to see the extraordinary beneficial effects of ipecacuanha, as an emetic, in a female forty years of age, who was in a sinking state, in the last stage of cholera; her countenance was shrunk, extremities cold, cramp in the legs, and other symptoms of approaching dissolution. I had previously attended two similar cases, where I had given opium, brandy, and medicinal cordials, and both patients died. I was induced, in this instance, to give a scruple of ipecacuanha, from having frequently seen the good effects of it in the early stage of the disease. After the lapse of two or three hours, I again visited my patient, fearing I should find her dead, but, to my great pleasure and surprise, so great a change for the better had taken place as to appear almost incredible; the whole of her body was of a natural warmth, the dangerous symptoms had disappeared, and she made no complaint, except that she was very weak. She had no further unfavorable symptom of the disease, and was soon convalescent.

My confidence in the ipecacuanha, as a remedy in such cases, has now been confirmed during the practice of thirty years; the purging, vomiting, and cramp, often entirely cease after the emetic operation of the ipecacuanha, but I have thought it proper to give, in about two or three hours after

the emetic, a pill, with a grain of opium and five grains of the blue pill, to allay any remaining irritation of the stomach and intestines, and an aperient, with one scruple of rhubarb and two of the sulphate of potash, to assist the natural action of the bowels, and a simple saline effervescing draught every two or three hours afterwards: weak tea, well-boiled gruel, milk, with sago or arrow-root as nutriment, and diluents.—*Dub. Med. Press.*

French and English opinions on the Treatment of Typhus.—In the treatment of our fevers, we have daily occasion to witness the pernicious effects of an irrational practice. There are still many physicians amongst us who almost invariably have recourse to the use of bloodletting and other debilitant remedies. The effect of such a course is inevitably to render the convalescence exceedingly tedious and often imperfect. Many simple cases are thus converted into very troublesome and unmanageable ones, in consequence of the impaired energy of the vital forces that has been induced. When the occurrence of the symptoms of adynamic weakness forces such practitioners to discontinue the use of their lowering regimen, they generally resort to the use of blisters and the administration of tonic medicines.

Let us briefly review some of the features of the disease.

There is usually a more or less considerable derangement of the stomach and bowels at first. Fortunately we have a remedy, or rather a class of remedies, which is exactly suited for the relief of such symptoms—we allude to emeto-cathartics: they generally act almost magically in removing the symptoms of the first stage of such fevers. After due evacuation both upwards and downwards, not only does the pyrexia usually subside, but all the phenomena of congestion and local irritation, that may have been present, are more or less completely relieved. The same decided and prompt benefit cannot indeed be expected from the use of these remedies, if the fever has existed two or three days before they have been exhibited, and if any delirium be present: but even then the relief is sometimes very notable; the headache, stupor, and general prostration not unfrequently ceasing, or, at all events, being very materially diminished, after the action of the vomiting has entirely ceased.—*Gazette Medicale, Aout*, 1844.

We cordially assent to the practical truth and importance of these therapeutic instructions respecting the use of Eme-

tics and Purgatives in the first stage of most typhoid fevers. We have often expressed our own opinions on this subject in the pages of this Journal, and strenuously urged our readers to recur to the practice recommended by the older physicians, and most religiously to eschew the evil ways of such advisers as the disciples of the Broussain school. Still, we are not inclined to go quite so far as our French brother, when he goes on to advise the administration (however guarded) of emeto-cathartic medicines in almost all stages of the fever of which he is treating. The paragraph, to which we object, runs thus:—"At a more advanced period of the disease, when the patients have fallen into an adynamic state, we must be more reserved in the exhibition of these remedies; not that they are not absolutely required or allowable; but only because the state of extreme debility usually present demands that the patient's strength be somewhat revived before they be given. Such cases require the use of stimulants—such as blisters, sinapisms to the abdomen and extremities—before we have recourse to the *heroic remedy.* However, as soon as the patient's strength is recovered, we should not delay longer, but resort at once to the exhibition of an emeto-cathartic: it is the sure means of preventing a fatal tendency." This seems to us dangerous advice. It is very rarely judicious to administer emetics in the advanced stage of febrile affections, when there is considerable prostration of strength; unless, indeed, the symptoms of gastric derangement are very obvious, and Nature herself makes an effort to get rid of the peccant secretions of the stomach and duodenum by the way of vomiting. The present is one out of many instances that might be adduced to show how liable the French practitioners are to carry everything to extremes. A few years ago, the mere mention of an emetic in Typhus fever—which at that time was of necessity a *gastro-enterite*—would have been denounced by nine-tenths of the physicians in Paris as incendiary and most dangerous practice. Now-a-days there seems to be a tendency to run to the other end of the race-course; and we should not be at all surprised to hear of ipecacuanha and tartar-emetic taking the heroic seat which has been so long occupied by leeches and "boissons adoucissantes."—*Med. Chur. Review.*

A case of Abscess in the Groin attended with symptoms of Hernia, from which two lumbrici teretes and afterwards fæcal matter were discharged, and the patient recovered. By Thomas Howell, Esq., of Risborough. (Communicated by Alexander

Shaw, Esq.)—John S——, aged seventy, was attacked with symptoms of strangulated hernia. The author found a small hard tumor, about the size of a hen's egg, in the right inguinal region, lying over Poupart's ligament, about midway between the internal and external abdominal rings. At first he supposed it to be a hernia, but on careful examination, could detect no impulse on coughing, nor detect a neck towards the internal ring, and the tumour was not in the precise situation of inguinal hernia, and he was led to conclude that it was an enlarged inguinal gland. The symptoms were relieved by calomel and opium and a dose of castor oil, which acted freely. After two or three days, phlegmonous inflammation took place, and on fluctuation being perceived, the part was opened and four ounces of pus discharged. On the poultice being removed next morning, two worms, (lumbrici teretes,) each from five to six inches long, were found in it. After that, fæculent matter continued to escape from the wound for three weeks. He also passed, per anum, fæces, but not of so bright or yellow a color as that from the groin. The discharge from the wound gradually diminished, and in five weeks the author succeeded, by means of pressure, in healing the orifice. The patient stated that he never had any hernia.

Mr. Cæsar Hawkins remarked that there was one point in the paper which he could not allow to pass without observation, particularly as he believed that it had in some other cases been the source of error. He alluded to the absence of impulse in the tumor from coughing; a circumstance which Mr. Howell and his partner had regarded as indicative of the hernia not being strangulated. Now he (Mr. Hawkins) should have considered this one reason for deciding that the hernia was strangulated, for in nineteen cases out of twenty of this obstruction no impulse would be communicated to the hand on coughing.

Dr. Chowne had, some years since, seen a case bearing in some degree on that under consideration. The case was one of constipation, in which a considerable quantity of quicksilver was administered. A tumor formed in the groin, which eventually sloughed, and two ounces of quicksilver escaped with the fæces from the opening thus made. The case was attended with symptoms similar to those observed in Mr. Howell's case. The patient recovered.

Mr. Arnott mentioned a case which had come under his care some years since in the Middlesex Hospital. An abscess formed on the right side, in the same situation as that in Mr. Howell's case. Sloughing took place, and a discharge of fæ-

cal matter ensued. The patient, a young girl, eventually did well. With regard to the point of diagnosis of strangulated hernia, alluded to in the paper, and subsequently by Mr. Hawkins, he (Mr. Arnott) had an illustration of the accuracy of Mr. Hawkins's remark in the very last case of hernia in which he had operated. It was a case of strangulated femoral hernia in an old woman. There was no impetus given to the tumor by coughing. He explained to the pupils that the absence of this symptom was a reason for operating, as it was an evidence of the existence of strangulation. The operation was performed, and the patient did well. Abscesses, in connexion with the intestine, were often a source of great anxiety to the surgeon. He had lately been called to a case in which a gentleman thought that he had committed a mistake by opening what he did not suppose was a hernial tumor. He had concluded, from the absence of impulse on coughing in the tumor, that it was an abscess, and had plunged his knife into the swelling. Finding that this proceeding was followed by a discharge of a quantity of fæcal matter, he became alarmed. This abscess was situated on the left side, not, as was usual, on the right. There was no hernia, but a communication between the intestine and the abscess, no doubt, existed. The patient did well.—*London Lancet.*

Death from Hepatic Abscess bursting into the Pericardium. By R. Allan, Esq., Staff-Surgeon, Port Louis, Mauritius.—Cumia, aged 35, native of Bombay, had been in Mauritius one year, working as a field laborer, when he came into the Immigration Depot, on the 21st of December, 1844, for the purpose of entering into a new engagement, having walked seven or eight miles on that day. He remained in apparent good health until six o'clock on the morning of the 26th, when he began to complain of pain at the pit of the stomach, and died at half-past 10 A.M.

Sectio cadaveris twenty-four hours after death.—About two pints of reddish pus and serum within the pericardium, the entire of which membrane was slightly inflamed. On laying the pericardium freely open, thick yellowish-green pus was seen oozing from an aperture large enough to admit the finger, which led through the diaphragm into abscess in the smaller lobe of the liver, capable of containing a pint of fluid.

It is probable that the pus of the hepatic abscess had been oozing into the sac of the pericardium during some hours be-

fore death, causing inflammation, and then annihilating the heart's action by pressure.

Messrs. Rogers and Powell, surgeons, were present with me at the dissection, and we have forwarded the parts to the Military Museum at Chatham.—*Ibid.*

Ulceration of the Rectum.—James M., aged 40, a laborer, tall, and appears to have been robust, though he has now a somewhat unhealthy aspect, from a slightly icteroid condition of the conjunctiva and skin. He was formerly a sailor, and besides making several voyages to the West Indies, at one period resided there for eight years; he was then very intemperate in his habits, and had an attack of hepatic disease, with jaundice. He was admitted, in the first instance, under the care of the physician, but during his residence he began to be troubled with pain upon passing his stools; this increased, and he states it almost prevented him from passing them at all; when he did so, it was accompanied with considerable sharp pain, which continued half an hour after; he frequently observed a few drops of blood upon his linen after the evacuation. He consequently came under Mr. Luke, and the rectum being inspected by means of a speculum, a superficial ulcer, about the size of a threepenny piece, was discovered at its posterior part, just within the sphincter. The sphincter was divided by cutting directly through the ulcer. The next time he evacuated the bowels, he had lost the pain previously felt, and experienced a mere soreness from the incision. To continue the sulphur electuary which he used previously to the operation. In ten days he had quite lost all the former unpleasant symptoms, and left the surgical wards.

Remarks.—This is an example of a class of cases of exceedingly practical importance, in consequence of the great suffering they give rise to, and the fact of their being not unfrequently overlooked. They are also interesting from the marked and speedy relief afforded by the division of the sphincter, in whatever way it may act.—*Ibid.*

THE WESTERN JOURNAL.

—

New Series.—Vol. IV.—No. III.

—

LOUISVILLE, SEPTEMBER 1, 1845.

VINEGAR IN CASES OF NARCOTIC POISONING.

Dr. Clapp finds vinegar an excellent adjuvant to emetics, in cases where narcotics have been taken into the stomach in doses to overcome the excitability of that organ. He has succeeded in bringing on vomiting by administering this acid when the emetic was about to fail. He mentioned to us the following instances. A man, in a fit of mental despondency, swallowed an ounce of laudanum on an empty stomach. In about an hour he was visited by Dr. Clapp, and was found insensible, with stertorous, convulsive breathing. Sulphate of zinc was administered to the extent of a hundred grains, and his fauces were tickled with a feather, but vomiting was not induced. The Doctor gave him a pint of vinegar; emesis soon took place, with the relief of all the alarming symptoms.

Two children swallowed a number of seeds of the stramonium at different times. In the case of the first, the ordinary means of exciting emesis were tried ineffectually, and the child died. In the second, vinegar was given, free emesis was the result, and the patient recovered.

These facts are valuable, and a knowledge of them may save the lives of many individuals. We know how often children are sacri-

ficed by the indiscreet use of opiates, and how frequent cases of poisoning by opium, the Jamestown weed, &c., are becoming in this country. If vinegar gives activity to emetics in such cases it is an important auxiliary. Let it be tried.

Y.

SPONTANEOUS CURE OF CONSUMPTION.

No one who has read the authors on cousumption will doubt that spontaneous cures of the disease do occasionally take place. Perhaps this occurs oftener than is generally supposed; but there can be no doubt that much oftener, after a decided amendment, and when the friends of the patient have begun to flatter themselves that he is cured, the complaint returns with all its violence and carries its victim off. The educated physicain is at no loss how to account for these changes.

We lately saw a case of this illusive character. The husband of the lady, who had been the subject of consumption, assured us that she had been cured by brandy. A physician of unquestioned skill had pronounced her case one of genuine tubercular phthisis, and had pronounced the most unfavorable prognosis in reference to it. Indeed, the patient was worn down to such a degree that it was thought she would sink in a few days. At this stage she found herself with a strong propensity to drink brandy, and the appetite was indulged. She improved upon the regimen, and in a week or two was able to travel in a steamboat from one of our Southern cities to Louisville. She continued to improve after her arrival, and her husband was delighted at the thought of her perfect recovery. But was she cured? We were invited to see her; she had a cough, and complained of much soreness of the throat; her breathing was short, and her whole appearance anything but promising of health and long life. We made no minute examination, because we were invited to *see* the *cure* that had been made, and not to decide on the state of her lungs! It is such cures that, now and then, give temporary but unmerited credit to the various quack systems proposed for the remedy of this ruthless destroyer.

Y.

REMARKABE DEFORMITY IN A HUMAN FŒTUS.

In a letter to the Editors, Dr. D. G. Gregory, of Platte county, in Missouri, gives the following account of a fœtus singularly deformed, the birth of which he attended.

GENTLEMEN:—

The following case presents so many deformities meeting in the same subject, that I think it is worthy of being placed upon record. If you are of the same opinion you may give it a place in your Journal.

July 22d, 1845—I was requested to see Mrs. G. in labor with her sixth child. When I arrived the labor had been in progress nearly 24 hours; the uterine contractions were strong and frequent; an examination, per vaginam, discovered the fœtus engaged in the inferior strait of the pelvis, but so uncommon was the shape, that I could not ascertain the presentation, and was for sometime at a loss to know what course to pursue; but as there seemed to be no obstruction to the delivery, I concluded to await the rupture of the membranes, which soon took place, when one hand, and then the other presented at the os externum. This led me to search for the head, but no satisfactory discovery could be made. In this state of things I concluded to let nature take her own course, and was much relieved at finding that the delivery was soon to be accomplished. The following was the appearance of the unsightly object which presented itself in the shape of a female fœtus:

Head.—The bones of the cranium were entirely wanting, and a fleshy mass, of the color of coagulated blood, protruded at the crown.

Face.—The forehead was very short; there were deep fissures where the eyes should have been, but there were no eyes, eye-lashes, or eye-brows; there was the shape of a nose, which was broad, and seemed to grow on a level with the surrounding parts of the face. There were openings for the ears, but the external ear was very small and ill shaped. The upper lip and roof of the mouth were cleft, as in the worst form of hare-lip; the under lip and chin were well formed, and of the usual size. The tongue adhered closely to the lower jaw.

Superior extremities.—The arms were very short, especially the forearms; hands very short, with five fingers and a thumb on each.

The thorax was well formed and capacious; the abdomen enormously large, and unsightly.

The external organs of generation were very imperfectly developed. The thighs were short, and the legs equally so, and flexed upon the thighs; the feet were crooked, presenting a form of club-foot, with five small toes, and the first, or great toe *double*, making seven toes on each foot.

The length of the fœtus was 15 inches; it was born alive, gasped once or twice after birth, but expired almost instantly.

One object I have had in offering the foregoing communication is to obtain from you, or some of your numerous correspondents, information respecting the cause of such monstrous births, if indeed any cause can be assigned for them. What are the conjectures of physiologists on the subject? Is it for want of proper nourishment from the mother during gestation, or is it from malformation, or disease of the uterus, or ovaries? or owing to the want of proper health and energy in the generative functions of either of the parents?

The mother, in this case, was healthy and well formed, having borne three healthy children, which are still living, and three that have died, two of the six being deformed. The father is unhealthy, and has been so for a number of years.

July 28th, 1845.

AMERICAN JOURNAL OF SCIENCE AND ART.

This work will have reached the 50th volume at the end of the present year, when it is the purpose of the editors to commence a new series. Now is the time for new subscribers to begin. The work is one which has reflected great credit upon American science, and deserves well of the scientific men of the country. It is high time that our profession was doing more for general science, and the Journal we are recommending would put its members in the way to it. Great would be the improvement seen in a few years if it could find its way into every village and neighborhood in the country, and draw medical men to it as constant readers—great the improvement in taste, and the extension of useful knowledge. May we not hope, that since the new series is about to commence, there will be a new impulse given to its subscription-list, and that for the fu-

ture its patronage will be equal to its merits? Hitherto that has not been the case. It has barely lived, when the labors bestowed upon it by its gifted and admirable senior editor, Prof. Silliman, ought to have secured it most ample support. Professor S. is now assisted by his son, who, as a chemist and philosopher, promises to be worthy of his distinguished father. We shall rejoice, not more on account of the worthy editors, than for the sake of science, to learn that the American Journal of Science and Art has doubled its subscription, as it ought, with the beginning of the new series.

Y.

NEW MEDICAL JOURNALS.

We have received several numbers of the *Buffalo Medical Journal*, a young contemporary, which we should have noticed in our last number if it had not escaped our memory at the time. The editor is Austin B. Flint, M.D., lately a professor in the Rush Medical College, and a writer whose name is not unknown to our readers. It gives evidence of judgment, vigor, and taste in its editorial conduct, and will prove, we doubt not, a valuable accession to our periodical literature. The physicians of the region of country to whom it is especially offered should see to it that it is properly encouraged. The dissemination of journals of medicine widely through the country is one of the means by which we may hope to see the profession raised to higher dignity and augmented usefulness. The man of talents and learning, such as the editor of the Buffalo Journal possesses, who devotes his time and energies to the diffusion of sound science through the pages of such a periodical, ought to be considered a professional benefactor.

Professors Harrison and Carpenter, of New Orleans, propose adding to the number of medical journals in the South by the publication of a second one in that city. It is to be called the *Louisiana Medical and Surgical Journal*, and in the hands of editors of so much ability will take a high rank among its contemporaries. It has our most cordial wishes, and on the strength of what we know of its projectors we commend it heartily to the favor of our readers.

Y.

FOWNES' CHEMISTRY FOR STUDENTS.

The admirable prize essay of this author on "Chemistry as exemplifying the wisdom and beneficence of God," prepared us to expect a work of superior excellence on the general subject of chemistry. The only particular in which we have been disappointed is, that he has succeeded in comprising the matter of his work in 460 duodecimo pages, which, assuredly, is a recommendation of the volume as a text-baok for students. In this respect it has advantages over any treatise which has yet been offered to American students. The difficulty in a text-book of chemistry is to treat the subject with sufficient fulness without going too much into detail. For students comparatively ignorant of chemical science, the larger systems are unprofitable companions in their attendance upon lectures. They need a work of a more elementary character, by which they may be inducted into the first principles of the science, and prepared for mastering its more abstruse subjects. Such a treatise is the one which we have now the pleasure of introducing to our readers; no manual of chemistry with which we have met comes so near meeting the wants of the beginner. All the prominent truths of the science, up to the present time, will be found given in it with the utmost practicable brevity. The style is admirable for its conciseness and clearness. Many wood-cuts are supplied, by which processes are made intelligible. The author expresses regret, that he could not enter more largely into organic chemistry, but his details will be found to embrace the most important facts in that interesting branch of the science. We shall recommend his manual to our class next winter. Y.

BOSTON MEDICAL AND SURGICAL JOURNAL.

This Journal has entered upon the thirty-third volume, and is still improving with its advancing age. Its editor, J. V. C. Smith, M.D., is indefatigable. Nothing escapes him, and his weekly sheet has all the raciness and variety of a newspaper. We do not know a journal which keeps its readers so nearly up to all that is passing in the medical world. How adequately it is supported we have no means of knowing, but this we are persuaded of, that it merits a large share of patronage, and we hope is enjoying it. Y.

SALACINE AS A SUBSTITUTE FOR QUININE.

Some experiments with *salacine* in intermittent fever, made at New Orleans, do not appear to have resulted very favorably, but others are being made in the Army on a more extensive scale, of which we hope to hear a more encouraging report. It is highly desirable that some substitute for the present expensive remedy in intermittents should be found, and especially since there is a probability that Great Britain may monopolize the trade in Peruvian bark, in which event the price of quinine will be still further advanced. The willow may be cultivated in this country to any extent, and the cost of salacine made very trifling, if it should prove to be an efficacious remedy. Y.

MEDICAL DEPARTMENT OF HARVARD UNIVERSITY.

The catalogue for 1845 exhibits this school as in a prosperous condition. It ought to be so. Boston ought to have a flourishing medical school, where general literature is cultivated with so much assiduity, and every thing else is flourishing. The number of students, last winter, was 157, upon which the circular remarks:

"The Faculty are willing to consider the increased number of pupils in their Institution, which has doubled within the last five years, as an evidence that the advantages which they offer to candidates for medical degrees are becoming better appreciated by the community. And it gives them pleasure to add, that they believe a greater number of teachers for the different medical schools of the United States, in proportion, have been taken from their graduates than from any other Institution in the country. They think that they have a right to regard this as some evidence of the success of their endeavors to give a thorough course of medical instruction."

The circular makes the following announcement:

"At a meeting of the Medical Faculty, May 29, 1841, it was

"*Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

"If the candidate has not received a University education, he shall satisfy the Faculty of Medicine in respect to his knowledge of

the Latin language and experimental philosophy. Certificates of competent persons are deemed satisfactory, without a personal examination."

We do not perceive that the prosperity of the old institutions is affected by the erection of the numerous new schools, which the last few years have witnessed. The increase of medical students seems to keep pace with the rapid growth of population, and the multiplication of schools. The Mexican war, with which we are threatened, will give employment, if it should occur, to a small army of physicians, and the large territory of Texas opens a wide field in prospect for our future graduates in medicine. Y.

LOUISVILLE MEDICAL INSTITUTE.

From an advertisement on the cover it will be seen, that the regular term of lectures in the Medical Institute will commence on the first Monday in November. It should be borne in mind by students that after one introductory lecture the didactic course is begun, and that it is therefore important to be present at the beginning. From the number of students now in the city, and the number who have made arrangements for attending the Fall course of lectures, it is believed that the next class in the Institute will be very large.

LOUISVILLE SUMMER SCHOOL OF MEDICINE.

The lectures are resumed in this institution to-day. Professor Gross will deliver regular clinical lectures at the Marine Hospital during the term, and clinical instruction will also be given at the Dispensary under the direction of the Faculty of the Summer School. With the coming of cool weather the dissecting rooms will be furnished, and the most desirable opportunities afforded to students for the prosecution of practical anatomy.